

friends  of kansas  
**LIBRARIES**

ASSIST · SUPPORT · EDUCATE

**2023 CHALLENGE GRANT APPLICATION**

Thank you for applying for a FoKL Challenge Grant. Please be aware that successful grant applications may not be fully funded due to budget limitations.

To apply for a FoKL grant, the Friends group must:

- Be a current member of FoKL
- Have not received a FoKL Challenge Grant in the previous 3 years
- Submit a completed application by April 1<sup>st</sup>

Mail, fax or email your application to:

**Friends of Kansas Libraries**  
c/o Bonner Springs City Library  
201 N Nettleton Ave  
Bonner Springs, KS 66012  
FAX: 913-441-2660  
Email: [friendsofkansaslibraries@gmail.com](mailto:friendsofkansaslibraries@gmail.com)

Grant award winners will be notified by April 30<sup>th</sup>.

*Please type or print clearly.*

**1. Identify your Friends group.**

Name of organization: \_\_\_\_\_

Name of library: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Tell us about your project.

Please include as much information as possible. Attach additional pages if needed. Photographs or web links to anticipated purchases are very helpful.

A. Tell us about the goal or objective of the project and explain how this project will benefit your library.

B. What are the specific activities or purchases that will be made to support the goal or objective?

C. What public relations or media coverage will be published about the project? *FoKL asks that all publicity acknowledge the funding support of FoKL.*

D. Beginning/ending dates of the project.

E. What is the project budget? Please provide as much detail as possible.

F. Please state the amount of funds contributed by Friends group or other local entity.

G. Grant amount requested from FoKL: \_\_\_\_\_  
**(FoKL will match locally raised funds up to \$500.)**

### 3. Certification.

- I certify that the information herein is correct to the best of my knowledge.
- I agree to use FoKL funds to support the described project only.
- I agree to submit a Challenge Grant Report Form within two weeks following the conclusion of the project or by the deadline of February 1<sup>st</sup> the following calendar year, whichever comes first.
- I agree that if, for any reason, the project is cancelled, I will contact FoKL and return the funds.

Name of contact person \_\_\_\_\_

Signature of contact person \_\_\_\_\_

Date of application \_\_\_\_\_

### Judging Criteria.

Your grant application will be judged on the following criteria.

The proposed project:

- Involves active leadership and involvement with the local Friends group
- Shows evidence of planning
- Is financially sound
- Provides real support to the library
- Will not be managed by library staff exclusively
- Will build community support of library
- Will increase community awareness and encourage membership in the Friends group
- Has the potential for success

*Thank you for your application!*

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**CHALLENGE GRANT REPORT FORM**

Name of organization: \_\_\_\_\_

Name of library: \_\_\_\_\_

Contact person: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Grant amount requested \$ \_\_\_\_\_

Grant amount received \$ \_\_\_\_\_

Beginning and ending date of the project \_\_\_\_\_

Briefly describe the activities or purchases that this grant supported. Please attach pictures and publicity, if possible.

Was the project successful? How did you evaluate that success?

Signature of the contact person \_\_\_\_\_

Date submitted \_\_\_\_\_

Final reports must be submitted by mail, fax or email to FoKL within two weeks of the conclusion of the project, or by February 1<sup>st</sup> of the next calendar year, whichever comes first.

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