Dear Applicant,

The Kappa Detroit Foundation is the philanthropic arm of the Detroit Alumni Chapter of Kappa Alpha Psi Fraternity, Inc. We have been providing scholarship/grant awards to deserving students since the late 1970’s. Over the past eight years, we have given over $100,000.00 in scholarships and grants to deserving students and community organizations. The number of awards varies from year to year. The amounts of the awards range from $250.00 - $1,000.00.

***The criteria for our grants are as follows:***

* Grant request must be relevant to the objectives, aims and purposes of the Kappa Detroit Foundation
* Proposals to fund scholarship awards will **not** be considered
* Selection criteria are based on the overall relevance to the objectives, aims and purposes of the Kappa Detroit Foundation; along with the impact the program has on the community.
* Applicant must submit completed application
* Applicants **not** using our standard application will **not** be considered. However, you may include attachments or appendices to the standard form.
* Applicants must be located in the Southeastern MI Tri-County area of Wayne, Oakland or Macomb counties.
* Application must be ***received by March 3, 2019***

***Submitting your application:***

The only method of submission is electronic via e-mail. The application must be **a single PDF** (adobe acrobat) document – no exceptions. Submissions not in PDF (adobe acrobat) format will **not** be considered. You may e-mail your application to kdfscholarships@gmail.com.

Applicants will be notified **by e-mail** of their award status in early April 2019. Please note, if you are awarded a grant you may be required to submit a W-9 with a Federal EIN or Social Security Number for tax documentation purposes.

Best Regards,



Glenn A. Moore

Chairman – Scholarship & Grant Committee

***Please Type or Print Legible***

**I. Administrative**

Name of Organization seeking grant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Amount Requesting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate the grant category your application addresses. Select only one category:

🞎Community education

🞎Lessening the burdens of government

🞎Promoting conservation and environmental protection

🞎Combating community deterioration

🞎Promoting community beautification and preservation

🞎Erection of or maintenance of public buildings

🞎Other charitable activities: Explain

Signature of Lead applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(If submitting by e-mail, please type in your name and e-mail address. This will serve as your electronic signature)***

**II. Proposal**

1. Describe your project

2. How will this project address at least one of the Kappa Detroit Foundation’s categories listed on page two?

3. Describe clearly the individuals or groups that make up your audience

**III. Funding**

(a) Please attach a copy of the budget for your project.

(b) What is the total projected cost of your project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) How will you obtain the balance of your funding?

**IV. Fiscal Agent**

Grants payable to individuals will be reported to the Internal Revenue Service and may be considered taxable income. The Kappa Detroit Foundation will make the grant payable to the lead applicant ***unless*** you designate a fiscal agent in this section.

Name of the organization serving as fiscal agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I agree to act as fiscal agent for this grant and to comply with the following conditions:

-to maintain separate records of disbursements related to this grant

-to make financial records available as requested

-to disburse funds in accordance with the purpose of this application

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print or type the name of the authorized representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized representative of the organization

***(Please type in your name and e-mail address. This will serve as your electronic signature)***