

### **Grant Preparation Instructions**

- Return one (1) original copy with all attachments and financial data. The remaining four copies should include the application pages only, pages 5-9 (plus attached detail).
- The only time a second application should be completed is to differentiate a capital project from a program project.
- Please do not put applications in binders, spiral bindings or folders. Due to the volume of applications, these are removed before the panel considers your grant.
- Please make sure all signature lines contain the signature of the duly appointed representative for your agency and the president of your board of directors. Applications from school systems must contain original signatures of the superintendent and school board president.
- Please make sure all required attachments appear with the original application. The application you submit will be final. Applications cannot be perfected upon appeal.
- The WHAS Crusade for Children forms contained herein must be used. Please do not create your own form and make sure the finished form is identical to the original.

**DEADLINE – JANUARY 15, 2016**

THIS APPLICATION MUST BE RETURNED TO THE CRUSADE OFFICE  
ON OR BEFORE 4:00pm (ET) FRIDAY, JANUARY 15, 2016

POSTMARKS ARE NOT ACCEPTABLE.

The person(s) responsible for preparing this application should carefully read all of the attached rules.

Full responsibility for the allocation of Crusade funds rests with the members of the WHAS Crusade for Children Advisory Panel. The members are:

**Dr. Greg Earwood**  
**Baptist Seminary of Kentucky, Lexington**

**Fr. Joe Graffis**  
**Retired - St. Edward Catholic Church, Jeffersontown**

**Dr. Tom Mobley**  
**Nelson Christian Church, Bardstown**

**Rabbi Gaylia R. Rooks**  
**The Temple, Louisville**

**Dr. John Slider**  
**Breckenridge Chapel, Free Methodist, Louisville**

**Rabbi Stanley Miles**  
**Temple Shalom, Louisville**

**Father Tony Smith**  
**Holy Spirit Catholic Church, Louisville**

**Dr. Charles Burton**  
**Second Baptist Church, Taylorsville**

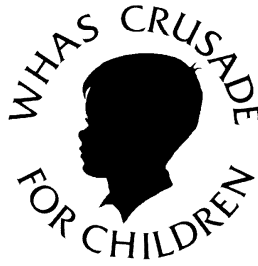
**Dr. Kevin Smith**  
**Highview Baptist Church, Louisville**

**Rev. Conrad Moorer**  
**Northside Church of Christ, Jeffersonville**

**Rev. Sally McClain**  
**Retired - Edenside Christian Church, Louisville**

**Rev. Clay Calloway**  
**West Louisville Ministries Coalition**

## WHAS CRUSADE FOR CHILDREN



### **CRUSADE GRANT RULES**

**Grant Year** - The grant year is from September 1, 2016 to August 31, 2017. Grants will be made only for programs or projects that can be completed in that time frame. Grants cannot carry over from one year to the next unless there are extraordinary circumstances.

#### **Grant Scope**

- Grants will be made only to programs implemented by non-profit agencies and organizations whose primary function is the treatment or education of children with special needs 18 and under. Grants will not be made to individuals or for the benefit of a single child.
- Grants are made for specific purposes and programs. Agencies must request approval to change the purpose of the grant. Any savings realized are to be returned to the Crusade for Children.
- Grants will not be made for projects that are of a research nature or are purely custodial in character.
- No grants will be made for programs the Advisory Panel deems to be directed at parents.
- Direct services to children with special needs, which may be mental, physical, medical and/or emotional are emphasized.

**Geographical Consideration** - Crusade grants must be spent entirely for children in Kentucky and Indiana. No part of a grant may be sent to a national headquarters with which a local agency may be affiliated. Whenever possible, grants to Kentucky agencies are made from contributions given by the people of Kentucky and Indiana contributions are allocated to agencies in Indiana.

**Repeat Grants** – Being awarded a Crusade grant one year does not guarantee the agency will receive further grants. Applications are studied individually and will be considered along with all other applications each year.

**Public Accountability** - The Advisory Panel insists that the public be kept informed about how contributions are used. When funds are used for building projects, purchase of vehicles or installation of equipment, the Advisory Panel requires that an appropriate marker be placed to identify them as gifts from the Crusade. (These markers are not paid for by Crusade grant funds.) The Panel also expects agencies receiving Crusade grants to credit the WHAS Crusade for Children in any publicity about those projects. If the funds are used to purchase equipment, vehicles or construction, please send a photo of the equipment, vehicle or construction along with a close up shot of how it is marked as being provided by the Crusade.

## WHAS CRUSADE FOR CHILDREN

**Vehicles** - When buying a vehicle, the Crusade will not pay for insurance, license and transfer of title or any other expense connected with buying a vehicle.

**Insurance** - Equipment, buildings and vehicles purchased in whole or in part with Crusade funds MUST BE FULLY INSURED.

**Buildings** - Applications for building projects must include cost estimates based on an actual bid from an architect or contractor. Agencies receiving Crusade grants for remodeling or construction of a building must require the general contractor to post a performance bond as well as a bond covering payment to all subcontractors.

**Grant Payments** - When a grant is made, the money involved is retained by the WHAS Crusade for Children until its terms have been met by the applying agency. An AGENCY REIMBURSEMENT FORM must be accompanied by related vendor invoices. Agencies must pay all bills and then request reimbursement from the Crusade.

**Salaries** - Grants for salaries will be distributed no less than monthly. AGENCY REIMBURSEMENT FORMS must be filed with each reimbursement payment. The Crusade requires:

1. Accurate time sheets with hours worked and rate-of-pay or
2. Payroll registers/statements containing each person's name, payroll employee number, rate of pay and hours worked

The Crusade does not pay benefits or employer payroll taxes.

**Grant Priority** - Each year, more money is requested by agencies than is available. Therefore, the Advisory Panel will use these priorities to determine grant allocations.

1. Priority will be given to agencies serving children in Kentucky and Indiana counties where residents support the Crusade.
2. Second priority is given to agencies serving children in areas from which the Crusade receives no support.

**The WHAS Crusade for Children does not pay for the following items:**

- Administrative costs for an agency
- PR or public awareness campaigns
- Benefits or any portion of employee benefits
- Extended warranties for equipment of any type
- Taxes (the Crusade only funds tax exempt agencies who should not pay taxes)
- Shipping or freight expenses
- Travel expenses/Lodging
- Employee continuing education/training
- Installation
- Postage

**Audit Requirements** - These requirements must be met as outlined in the signature pages of the grant.

## PART ONE

### Summary Sheet Form

**A. ORGANIZATION EIN/FEDERAL ID NUMBER:**

**B. LEGAL NAME OF ORGANIZATION**

DBA (if applicable):

**C. ADDRESS:**

**CITY:**

**STATE:**

**COUNTY:**

**ZIP:**

**D. PHONE:**

**FAX:**

**ORGANIZATION WEBSITE:**

**E. TAX EXEMPTION STATUS**

☐ 501(c)(3)

☐ Other than 501(c)(3). Please specify:

**F. CONTACT INFORMATION:**

**Name of Superintendent/Principal:**

**Phone:**

**Email:**

**Application Contact & Title (if not the Superintendent or Principal):**

**Name:**

**Title:**

**Phone:**

**Email:**

**G. THIS APPLICATION IS FOR A GRANT OF**

**H. HOW MANY CHILDREN WITH SPECIAL NEEDS WILL THIS GRANT SERVE IN THIS GRANT YEAR, IF AWARDED?**

**KENTUCKY:**

**INDIANA:**

## Grant Request Information

**I. WHAT PROCESS DOES YOUR AGENCY USE IN DECIDING WHAT TO REQUEST? (i.e., peer or supervisory review, priority by classroom or department, etc.)**

**J. PURPOSE: Summarize in 100 words or less the purpose for which this money is requested. (Additional detail should be attached to page 9 of application.)**

**K. BUDGET:**

**TOTAL AMOUNT REQUESTED:**

**ITEMIZE REQUEST LIST AND COST IN AGENCY PRIORITY:**

1.	<div></div>	\$	<div></div>
2.	<div></div>	\$	<div></div>
3.	<div></div>	\$	<div></div>
4.	<div></div>	\$	<div></div>
5.	<div></div>	\$	<div></div>
6.	<div></div>	\$	<div></div>
7.	<div></div>	\$	<div></div>
8.	<div></div>	\$	<div></div>

**(Attach a detailed list with page 9 if requesting multiple items)**

## Organization Information

### L. LIST THE KEY SERVICES YOUR AGENCY PROVIDES FOR CHILDREN AND AGES OF YOUR PRIMARY CLIENTS.

1.	<input type="text"/>	Ages	<input type="text"/>
2.	<input type="text"/>	Ages	<input type="text"/>
3.	<input type="text"/>	Ages	<input type="text"/>
4.	<input type="text"/>	Ages	<input type="text"/>

### M. LIST THE HOME COUNTIES OF CHILDREN YOU SERVE (If more than 10 counties, include in expanded detail section)

1.	<input type="text"/>	6.	<input type="text"/>
2.	<input type="text"/>	7.	<input type="text"/>
3.	<input type="text"/>	8.	<input type="text"/>
4.	<input type="text"/>	9.	<input type="text"/>
5.	<input type="text"/>	10.	<input type="text"/>

### N. SOURCES OF INCOME: Complete the table below for the agency as a whole, based on most recently completed fiscal year.

Percentage	Funding Source
%	<b>WHAS Crusade for Children</b>
%	Government grants (federal, state, local)
%	Foundations
%	Business
%	Events (include event sponsorships)
%	Individual contributions
%	Fees/earned income/tuition
%	Workplace giving campaigns
%	Other (Please specify: )
%	TOTAL (must equal 100%)

# WHAS CRUSADE FOR CHILDREN

## Complete all sections

Total special education budget:	\$
Percentage of special education budget requested from the WHAS Crusade for Children:	%
Total number of special education staff: (all positions)	
Number of schools?	
Percentage of special education budget derived from grants:	%
If the Crusade does not fully fund this project, will you proceed with the project? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
What are your fundraising plans for the Crusade in your community? <b><i>Please explain gY`YVW/cb:</i></b>	<input type="checkbox"/> Payroll deduction <input type="checkbox"/> Special events <input type="checkbox"/> Corporate solicitation <input type="checkbox"/> Other
If you receive a Crusade grant, how do you plan to make your community aware of this and its impact on your agency?	Explain:



## PART TWO

### **EXPANDED DETAIL:**

This section allows you to expand on your request. Attach additional pages to this page to further explain your grant request, *numbering your responses*.

1. Describe how your request meets the Crusade's mission: *To help children overcome physical, mental, emotional and medical challenges*.
2. In this application, you described in 100 words or less what your project entails. Now, attach expanded details of the project.
3. Attach a detailed list of every item you are requesting in the same priority you listed on page 6. Include quotes for all equipment requests.
4. Attach details of how you plan to measure the success or outcome of this grant.
5. If you received a Crusade grant last year, briefly describe the success of this grant. Explain outcomes and how they were measured. Please share specific examples of the impact this grant had on children who have special needs.

**SIGNATURE PAGES**

All applicants for a WHAS Crusade grant must read and sign each of the following. Failure to comply will result in disqualification of the application.

**MUST HAVE ORIGINAL OR CERTIFIED ELECTRONIC SIGNATURES**

1. If a grant is awarded, your agency must agree to submit, on the dates required, a report on the status of the grant. An AGENCY REPORT form must be used. The agency must also agree to include a Crusade logo with a link on their website.

Agreed & understood (original signature) \_\_\_\_\_

2. Grant money must be used by August 31, 2017 and requested for reimbursement by September 30, 2017 for the specific purpose listed in the grant. After that date, unspent funds remaining may be retained by the Crusade.

Agreed & understood (original signature) \_\_\_\_\_

3. If the project involves medical services, the agency must furnish medical, professional or scientific opinion supporting its merits and needs.

Agreed & understood (original signature) \_\_\_\_\_

4. Any request from a medical school must be approved and bear the signature of the chairperson of that particular department and dean of the school.

Agreed & understood (original signature) \_\_\_\_\_

5. Any vehicle purchased entirely with Crusade funds may be used only for the transportation of children with special needs. If the vehicle is purchased with partial Crusade funds, the use of the vehicle to transport children with special needs will depend on the percentage of Crusade dollars awarded. The sign on the back or side of the vehicle must state "Funded by the WHAS Crusade for Children, Inc.", or "Partially funded by the WHAS Crusade for Children, Inc."

Agreed & understood (original signature) \_\_\_\_\_

6. If the project involves education or medical treatment of children, the agency must submit a brief sketch of the educational background and specialized training of the teachers, aides and other persons involved.

Agreed & understood (original signature) \_\_\_\_\_

WHAS CRUSADE FOR CHILDREN

7. Most college scholarships in special education are specifically for the preparation of special education teachers in the graduate field and for teachers involved in mainstreaming. Teachers receiving Crusade grants should sign a statement certifying financial need. CRUSADE SCHOLARSHIPS ARE GIVEN FOR THE BENEFIT OF CHILDREN, NOT TEACHERS SEEKING HIGHER PAY LEVEL JOBS. Requests for scholarships must include the approval of the dean of education.

Agreed & understood (original signature) \_\_\_\_\_

8. Only accredited schools in Kentucky and Indiana will be considered for a grant.

Agreed & understood (original signature) \_\_\_\_\_

9. Any request from a school or board of education must be approved (in writing) by the superintendent and the president of the school board.

Agreed & understood (original signature) \_\_\_\_\_

10. Agencies other than universities, colleges or schools must include signed approval of the application by the agency's board president and executive director.

Agreed & understood (original signature) \_\_\_\_\_

11. Your agency is expected to respect the Crusade requirement that property of any kind acquired with grant money be held and used only by the applicant for the non-profit purpose designated. It shall not be disposed of without written approval by the Crusade. If an applicant discontinues using the property for the described non-profit purposes, misuses a vehicle or other equipment for other than transporting or treating children with handicaps, or disposes thereof without the Crusade's written approval, the applicant agrees to refund in cash to the Crusade, **IMMEDIATELY AND WITHOUT DEMAND, THE ENTIRE AMOUNT OF THE MONEY GRANTED REGARDLESS OF THE AGE OF THE VEHICLE OR PIECE OF EQUIPMENT.**

This action will be taken by the WHAS Crusade for Children with full publicity of the offending agency's misuse of funds donated by the public.

Agreed & understood (original signature) \_\_\_\_\_

WHAS CRUSADE FOR CHILDREN

12. A copy of the agency's latest audit report is required. The audit must be in accordance with standard CAAP/GAAS, performed by a local, independent CPA and dated after December 2013. Audit requirements are as follows:
- (1) for budgets over \$500,000 an audit is required every year; (public schools in Indiana will follow their state law audit guidelines)
  - (2) for budgets between \$251,000 and \$500,000 an audit is required every other year with an approved financial review the years between; and
  - (3) for budgets under \$250,000 an annual board approved financial review is required.
13. A complete IRS Form 990 must be included with all applications if the agency is required by federal law to file such a form. (Boards of education, for example, are exempt from this requirement.) For all others, the IRS 990 and audit report must cover the same fiscal period.
14. A list of the agency's board of directors is required. The list must include names, addresses and each person's title (e.g. president, secretary).

Agreed & understood (original signature) \_\_\_\_\_

15. Your agency's chief operating officer (COO) and the president of your agency's board of directors must sign below approving the request and agreeing to maintain any items purchased with WHAS Crusade for Children funds. (School systems must have superintendent and school board president's approval. Colleges must have president and dean of school approval.)

Superintendent or Principal (original signature) \_\_\_\_\_

Board President (original signature) \_\_\_\_\_

16. A copy of the agency's most recent annual report, if one is published, is required.

Agreed & understood (original signature) \_\_\_\_\_

**NOTE - ONLY ONE COPY OF YOUR AGENCY'S AUDIT IS REQUIRED.**

**PUBLIC ACCOUNTABILITY STANDARDS**

1. I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP) and was audited in accordance with generally accepted auditing standards (GAAS) by an independent CPA in the immediately preceding year. (Include the organization's most recently completed annual local independent audit. The audit must cover the fiscal year ending not more than 18 months prior to June 2014.)

Name of Organization \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**OR**

I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP). Since the organization's annual budget is less than \$250,000, the Crusade requires an approved financial review.

Name of Organization \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

2. I certify that the organization named in this application is directed by an active and responsive governing body whose members have no material conflict of interest and a majority of whom serve without compensation.

Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_

3. I certify that the organization named in this application is chartered/incorporated under a governmental entity.

This entity or state is \_\_\_\_\_.

Applicant's signature \_\_\_\_\_ Title \_\_\_\_\_

Date this application was prepared: \_\_\_\_\_

**PLEASE USE THIS CHECK LIST TO MAKE SURE ALL REQUIRED DOCUMENTS ARE ATTACHED**

- ☐ **Attachment A** - IRS determination letter granting 501(c)(3) status
- ☐ **Attachment B** - Local independent CPA audit (as required by guidelines on page 12) Financial review for budgets under \$250,000
- ☐ **Attachment C** - Governing body list (directors & officers)
- ☐ **Attachment D** - Annual report (if one is prepared)
- ☐ **Attachment E** - IRS Form 990 (if required by guidelines)
- ☐ **Signatures** - Required on pages 10-13  
Chief operating officer (COO) & the president of your agency's board of directors **must** sign on page 12; school systems **must** have superintendent and School board president's approval; colleges **must** have board president and dean of school approval.

**Mail one (1) complete copy and four (4) copies of pages 5-9 (including your attached detail and explanations). Include only 1 copy of attachments A through E listed above.**

**Mailing Address:**

Dawn Lee  
President & CEO  
WHAS Crusade for Children, Inc.  
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Louisville, KY 40202