

OFFICE OF THE KANSAS SECURITIES COMMISSIONER
A DIVISION OF THE KANSAS INSURANCE DEPARTMENT
INVESTOR EDUCATION GRANT APPLICATION FORM

Date of Application: _____

Legal Name of Organization to which grant would be paid:

Federal Employer ID Number of Organization: _____

Address: _____

Name of Executive Director or CEO:

Contact Person (if not Executive Director/CEO above):

Phone Number: _____ Fax Number: _____

E-mail: _____ Website: _____

Purpose of Grant: _____

Project Name: _____

Amount Requested: \$ _____ Total Project Cost: \$ _____

Checklist:

- _____ Application Form
- _____ Organization Summary
- _____ Project Summary (If applicable)
- _____ Applicability Summary (with reference to purposes of Investor Education Fund)
- _____ List of Executive Officers and Board of Directors (including current addresses)
- _____ Undertaking Form
- _____ Annual Report (if available)

Other documents which may be requested after KSC review of Application:

- _____ Current IRS determination letter indicating IRC §501(c)(3) tax-exempt status
- _____ Current Kansas Secretary of State filing
- _____ Organization Financial Statements (previous two years plus current year)
- _____ Project Financial Statements or Budget (for relevant periods)
- _____ List of other funders (committed or potential) including \$ amount