2023 Alaska Kidney Foundation Grant Proposal

*Alaska Community Foundation*

# *Executive Summary for the Proposed Project*

## Project Name\*

Name of Project

*Character Limit: 100*

## Concise description of the proposed project design/services/activities\*

*Character Limit: 250*

## Proposed Project/Program\*

Examples of Objectives that address AKF Goals:

* Reduce the Alaska incident rate for end stage renal disease (ESRD).
* Reduce the Alaska incident rate for ESRD due to diabetes.
* Reduce the Alaska incident rate for obesity.
* Reduce the Alaska incident rate for ESRD due to hypertension.
* Increase the rate of Alaskan living kidney donors.
* Increase the rate of Alaskan living kidney transplant recipients.
* Increase the rate of Alaskans receiving deceased kidney transplants.
* Other objectives that address AKF goal(s)

Briefly describe the activities that you will undertake in the coming year to meet one or more of the objectives listed above.

*Character Limit: 2000*

## What are you seeing in Alaska health trends and how are you addressing these trends?\*

*Character Limit: 500*

# *Project Budget*

## Total project cost\*

*Character Limit: 100*

## Total project income and expenses\*

*Character Limit: 100*

## How much of the total cost requesting from AKF\*

*Character Limit: 100*

## Other sources of funding\*

if none, mark N/A.

*Character Limit: 250*

## Description of matching funds\*

Matching funds are not required but are encouraged. If none, mark N/A.

*Character Limit: 500*

## Project Budget Spreadsheet\*

* Maximum length of 1 page.
* Detail spread sheet must include TOTAL project budget.
* Continuation grantees must include:
  + Actual from CY 2020
  + Budget for CY 2021
  + Actual YTD for CY 2021; and
  + Proposed for CY 2022.

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# *Organization Operational and Financial Information*

## What are your organizational outcome measures?\*

*Character Limit: 500*

## How many people does your organization serve annually?\*

*Character Limit: 20*

## Brief narrative addressing financial reserves and reserve policy\*

*Character Limit: 500*

## Most recent Statement of Financial Position (Balance Sheet)\*

*File Size Limit: 3 MB*

## Most recent Statement of Activities (Income Statement)\*

*File Size Limit: 3 MB*

## Most recent Audited Financial Statements

*File Size Limit: 3 MB*

## Most recent IRS 990 Return

*File Size Limit: 4 MB*

## Board List with Affiliations\*

*File Size Limit: 2 MB*

# *Electronic Signature*

With my electronic signature, I certify that the information provided in this application is true, correct, and complete. I agree to allow any information on this application (unless otherwise noted) to be released for publication.

I authorize The Alaska Community Foundation to verify any information submitted as part of this application.

## I have read the above information.\*

**Choices**

Yes No

## Title of Authorizing Official\*

The Authorizing Official has the authority to solicit and accept grants on behalf of their organization.

*Character Limit: 75*

## Date\*

*Character Limit: 10*

## Electronic Signature\*

By typing in your name below, you certify that the above information is true and accurate to the best of your knowledge.

*Character Limit: 75*

Direct questions related to the online application system to The Alaska Community Foundation by email: [grants@alaskacf.or](mailto:grants@alaskacf.org)g, or by phone: 907-334-6700.

After you submit your application you will receive a confirmation email. Thank you for applying!