

# The Kays Foundation Grant Application

Completed materials must be received by The Kays Foundation by 4:00 p.m. on **October 1**. Only one proposal per applicant. The mailing address is P.O. Box 129, State University, AR 72467 and the offices are located at 1212 East University Loop, State University, AR. If you have any questions, please call (870) 931-7898. **Incomplete applications will not be considered. Please type or print.**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

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

3. Phone: \_\_\_\_\_

Home Phone Work Phone E-mail address

4. Title of Proposal: \_\_\_\_\_

5. Position held at ASU (Rank & Title) Department of Employment at ASU

\_\_\_\_\_

6. Provide as attachment "A", a narrative, not to exceed two type-written pages, describing the purpose for which the grant is requested. Explain the goals to be accomplished, procedures to be undertaken to achieve these goals, the anticipated outcome expected, and the relationship this project has to the University and its mission. Also state how you plan to evaluate your progress and determine your success.

7. Amount Requested: \$ \_\_\_\_\_

8. Provide as attachment "B" a detailed budget indicating all items of expenditures that will be funded from the grant. Applicant should consult University fiscal personnel regarding budget preparation.

9. If the funds requested above represent only a portion of the total cost of the proposed project, research, equipment, etc., state as attachment "C" the total cost and list any other sources and amounts of funding anticipated.

10. Attach a letter of recommendation from your immediate supervisor.

11. If proposal is funded, the Kays Foundation requires a final report.

*Federal Law requires that the Kays Foundation obtain written permission from the awardee for release of academic and biographical information to the donor and/or the news media. By signing below, I agree that relevant information may be released.*

*Further, by signing below, I confirm the accuracy of the enclosed information and understand that any false or misleading statements may invalidate my application.*

\_\_\_\_\_  
Type Applicant Name Signature of Applicant Date

\* \_\_\_\_\_  
Type Name/Title of Immediate Supervisor Signature of Immediate Supervisor Date

\_\_\_\_\_  
Type Representative Name Signature of University Representative Date

\* (i.e., academic: Department Chair or Dean; otherwise, appropriate supervisor)

## **THE KAYS FOUNDATION**

The Kays Foundation exists for the sole purpose of supporting Arkansas State University. It does this by providing grants to support faculty, departments, colleges, or other entities to assist in furthering the teaching, research, and service goals and purposes of Arkansas State University. The Foundation is not a part of the University and operates as a 501 (c) (3) tax exempt organization.

### **GRANT APPLICATION PROCEDURES**

- A potential applicant for a grant should first obtain and carefully read the Foundation's publication, "Grants and Funding" or review information at [www.kaysfoundation.com](http://www.kaysfoundation.com).
- The applicant should consult with the Office of Research and Technology Transfer (870) 972-2694 of the University which will be expected to approve the application for submission to the Foundation.
- The Foundation's official application forms, along with any required supporting documentation, should be completed and filed with the Foundation in keeping with the announced closing date for grant applications. Only one proposal will be accepted per applicant.

### **CONSIDERATION AND FUNDING PROCEDURES**

- No application will be considered that has not been received at the Foundation's offices by 4:00 p.m. Jonesboro time on the announced date of closing. The application and all additional materials must be mailed to the Foundation at P.O. Box 129, State University, AR 72467 or delivered to the office at 1212 East University Loop. No incomplete or late submissions or submission sent by facsimile will be accepted.
- The application form must have the signatures of all appropriate University officials.
- Foundation representatives will review all applications and notify all successful applicants.
- All funds for grants will be payable to the appropriate financial office of Arkansas State University for disbursement in support of the approved project. The funds will be disbursed for use in the fiscal year beginning on July 1, following the date of approval of the grant.

PROPOSED BUDGET – ATTACHMENT “B”

Project Director (if other than applicant): \_\_\_\_\_

- |  |                 |
|--|-----------------|
| 1. Personnel (list separately with name and title)                               |                 |
| a) Salaries  | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
| b) Fringe Benefits   | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
|  | \$              |
| 2. Travel (Include mileage, total individuals, days traveled and cost per trip)  | \$              |
|  | \$              |
|  | \$              |
| 3. Supplies, Equipment and materials (Include all to be used in project)         |                 |
| a) Supplies  | \$              |
|  | \$              |
|  | \$              |
| b) Equipment   | \$              |
|  | \$              |
|  | \$              |
| c) Material  | \$              |
|  | \$              |
|  | \$              |
| 4. Consultant Fees (Include payments for professional and technical consultants) | \$              |
|  | \$              |
| 5. Services (Include cost of printing, postage, telephone, etc.)                 | \$              |
|  | \$              |
|  | \$              |
| 6. Other   | \$              |
|  | \$              |
| <b>TOTAL PROJECT COST</b>  | <b>\$ _____</b> |

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Associate Vice Chancellor for Research & Technology Transfer

\_\_\_\_\_  
Date