

 AMERICAN NURSES ASSOCIATION
KENTUCKY
CHAPTER GROWTH & DEVELOPMENT FUND

This fund is part of the KNA Operating Fund and is used to support the formation and activities of chapters. Chapters must apply for funding.

Chapters will have the opportunity to apply for grant funding from the Growth & Development Fund. (The grant process is separate from “Start Up” funds which are limited to \$500 and for designated inaugural/formation activities). Grants to chapters will be awarded quarterly as KNA finances permit.

When Chapter grants are awarded, a contract is signed by the Chapter President and the KNA Executive Director (up to \$1,000.00, above which the KNA President or Treasurer must co-sign). A check is cut to the Chapter if they have a bank account. If the chapter does not have its own bank account, the KNA will make payments as needed on behalf of the chapter. The chapter is required to provide a budget vs. actual report on its grant evaluation form to the KNA Board of Directors for review before any future grant is awarded. Any money they do not spend (as they originally budgeted) is sent back from the Chapter to the KNA.

If a chapter has its own taxpayer ID number (EIN), the chapter must file a 990 e-postcard with the IRS annually which simply verifies that they have less than \$25,000 in proceeds for that fiscal year.

Deadline dates scheduled for receipt of KNA Chapter Growth & Development Fund Applications:

December 31st for awards in January

March 31st for awards in April

June 30th for awards in July

September 30th for awards in October



Growth and Development Fund Application

Chapter Information

Name of KNA Chapter:

Chapter Chair:

Street Address:

City, State, Zip:

Phone:

Email:

Funds Request Information

Amount Requested:

Anticipated Attendance/Participation:

Please explain how your program/event/activity will promote nursing in Kentucky and/or membership in the KNA:

Please attach a budget that outlines the intended use for the funds.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am granted funds, any false statements, omissions or other misrepresentations made by me on this application may result in forfeiture of funds.

Name (printed) of KNA Chapter Chair: _____

Signature & Date: _____

1. *Applications must be received in the grant cycle prior to the quarterly cycle in which the event will occur. No retroactive grants can be approved.*

2. *Acceptance of funds will be official upon signing the funds granted contract. For more information, contact ED Delanor Manson, executivedirector@kentucky-nurses.org*