

Community Grants Program 2026

Truman Heartland Community Foundation

Organizational Information

Grant Catalog Telephone Number (###-###-####)*

Character Limit: 25

Grant Catalog Contact Email*

Character Limit: 254

Grant Catalog Contact Name*

Character Limit: 200

Grant Catalog Short Description*

Character Limit: 250

Grant Catalog Long Description*

Character Limit: 10000

Grant Catalog Amount Requested*

Character Limit: 20

Organization Name*

Character Limit: 100

Organization Image*

Please upload a picture of your organization's logo or that represents the program you are requesting funding for.

File Size Limit: 3 MB

Organization Website*

If your organization has a website, enter the address here. Enter N/A if your organization does not have.

Character Limit: 2000

LinkedIn Page

If your organization has a LinkedIn page, please let us know it here. Skip if your organization does not have.

Character Limit: 127

Instagram Handle

If your organization has an Instagram account, please let us know your handle. Skip if your organization does not have.

Character Limit: 127

Facebook Page

If your organization has a Facebook page, please let us know it here. Skip if your organization does not have.

Character Limit: 127

Federal Identification Number*

Federal Tax ID is a 9 digit number with a dash after the first 2 digits. (e.g. 12-3456789)

Character Limit: 10

IRS Tax Status*

Please select organization type.

Choices

City Government

Non-Profit

Public School Districts and Educational Institutions

IRS Exemption Letter

Please upload a copy of your organization's **IRS 501(c)(3) tax exemption** letter. Your federal identification number is listed on this letter. This is **NOT** your state sales tax exemption certificate. Please go to the grants section of our website for an example, if necessary. If your organization is a public school district or government entity, you may skip this step

File Size Limit: 4 MB

Organization Mission Statement*

Character Limit: 250

Brief History of the Organization*

Please tell us about your organization, its history, and describe the services you provide.

Character Limit: 1500

Board List*

Please upload a current board roster. Roster must show name, profession/title and place of employment (if employed), term/years on the board, and term expiration. Indicate board officers. Please do not provide full biographical details. A simple list is preferred.

File Size Limit: 4 MB

Organization Annual Operating Budget*

Please upload your organization's current year summary operating budget. Please limit to 1-2 pages.

File Size Limit: 8 MB

Statement of Financial Postition*

Please upload the most current **AND** year-end (*not older than 6 months*) **Income Statement and Balance Sheet**. Please combine into one document.

File Size Limit: 8 MB

Independent Auditor's Report

If applicable, please upload your organization's most recent Independent Auditor's Report **OR** most recent audited financials.

File Size Limit: 4 MB

Request Classification*

Select the classification that best describes the request.

(Community Betterment includes improving neighborhoods, youth development and leadership, programs for seniors, transportation, violence prevention, racial equity, etc.)

Choices

Adult or Non-Traditional Education (NOT Children's Education)
Arts & Historic Preservation
Community Betterment
Health & Human Services
Wildlife Conservation in Missouri

Final Report

All organizations that have previously received grant funding must submit a final report regarding their most recent **completed** grant award. This would be any grant awarded prior to the most recent November check distribution.

If you have completed a report within the portal, go to your dashboard download the PDF from the "follow-up" section and attach it here.

If you don't have a final report located within the portal, click on THIS FORM to download a template to be filled out and uploaded.

File Size Limit: 4 MB

Type of Request*

Choices

General Operating Support (e.g. organization administration salaries, overhead, consultant fees)
Program Support (e.g. program staff, overhead, supplies, curriculum, equipment/software, mileage)

General Operating Support questions

Grant Period Start Date*

Please indicate a start and end date for the period during which the grant funding will be utilized. **With proposals due in March; it is recommended that your project has a start date of November/December of that year OR begin in January of the following year.**

Character Limit: 10

Grant Period End Date*

Character Limit: 10

Amount Requested from THCF*

Character Limit: 20

Total Operating Expenses*

Character Limit: 20

Total Funding from Other Sources*

Character Limit: 20

Strategic Plan

If your organization has a current strategic plan, please upload it here.

File Size Limit: 6 MB

Organization Overview*

Please provide a description of your organization's current programs and services. Please describe the need or problem you are addressing and the population served through your proposed program. Please state number served. To the best of your ability, *please include & describe the demographics of these populations: e.g. age, race, ethnicity, gender, marital status, income, education, and employment.* These are examples. Your answer may include but is not limited to this list. **Please describe how you serve our service area of Eastern Jackson County, Cass County, and outside KC metro.**

Character Limit: 2300

Goals/Objectives/Activities*

Describe your organization's goals and objectives. Describe activities that will achieve these goals. **Share how these goals align with your strategic plan.**

Character Limit: 2200

Agency Outcomes*

Please list quantifiable and measurable outcomes pertaining to agency goals mentioned above. *Show highlights of the results of your programs and services and how your goals were achieved, including strategic plan goals.*

Character Limit: 2050

Plans for Organizational Sustainability*

Please describe how your organization plans to sustain itself in the future. This includes fluctuation of funding, staff succession, board development and/or other factors that could influence the success of the organization.

Character Limit: 1350

Program Support questions

Program Name*

Character Limit: 100

Program Start Date*

Please identify the start and end date of the period the grant funding would be utilized. **With proposals due in March; it is recommended that your project has a start date of November/December of that year OR begin in January of the following year.**

Character Limit: 10

Program End Date*

Character Limit: 10

Program Description*

Please describe your proposed program in 200-300 words or less. Include whether this request is for a current program or if it is new. Please share brief highlights of program results (numbers served, outcome results) and whether the program has previously received Community Grants funding.

Character Limit: 1600

Geographic Area*

Please describe in detail the geographic service area where your proposed project will provide services. List cities, neighborhoods, school districts, etc. **Show how you are specifically helping the residents of Eastern Jackson County, Suburban Jackson County (outside KC) and/or Cass County.**

Character Limit: 1100

Target Population Served and Needs Addressed*

Please describe the need or problem you will be addressing and the population served through your proposed program. Please state number served. To the best of your ability, *please include & describe the demographics of these populations: e.g. age, race, ethnicity, gender, marital status, income, education, and employment.* These are examples. Your answer may include but is not limited to this list.

Character Limit: 1300

Program Goals and Activities*

What are your program goals? What activities help you achieve these goals? How do you promote your program to the target population? **Goals are large statements of what you hope to accomplish.**

Character Limit: 1500

Program Outcomes*

Please list measurable outcomes. (e.g. At least 85% of clients will meet at least one personal goal in the first 30 days.) **Outcomes measure program effectiveness or the change in the problem.**

Character Limit: 1800

Program Evaluation*

What measurement tools will your organization use to evaluate whether your program is achieving its goals and outcomes?
How will you determine if your program has had a demonstrable impact on its intended population?

Character Limit: 1500

Program Budget*

- Please upload a completed Program Budget (use THIS FORM). Other forms will not be accepted.
- Program Budget should include personnel expenses and non-personnel expenses for the requested program as well as projected revenue sources.
- Please list foundations or other sources for funding with amounts committed along with pending requests.
- Expenses and Revenues should balance.

File Size Limit: 3 MB

Amount Requested from THCF*

Character Limit: 20

Total Program Expenses*

Character Limit: 20

Total Funding from Other Sources*

Character Limit: 20

How will funding be used?*

Describe how your agency will use the funds provided by THCF if awarded.

Character Limit: 1100

Plans for Program Sustainability*

Please describe how your organization plans to sustain this program in the future. This includes fluctuation of funding, staff succession, or other factors that could influence implementation and continuance of program.

Character Limit: 1500

Collaboration/Partnership Details

Collaborative/Partnership Details

Describe in detail how you and collaborative agencies work together to implement the program and ensure success. Explain the role of the collaborative partner(s).

Character Limit: 1100

Collaboration/Partnership Letter of Support

If you are collaborating/partnering with another organization/government entity/school district in the planning, funding, or implementation of your proposed program or operations, please upload a letter of support from that agency describing the details and confirmation of your collaboration/partnership.

File Size Limit: 6 MB