















Kentucky Fried Wishes | 2024 Access to Food and Shelter Grant Application

Ends on Wed, Jul 31, 2024 11:59 PM

Kentucky Fried Wishes is a quarterly grant opportunity through the KFC Foundation. Non-profit organizations can apply for a \$10,000 grant to fund an actionable project on their wish list.

Each quarter, up to 25 organizations will be selected to receive a \$10,000 grant. Projects must meet the following criteria:

- · Can be completed with a \$10,000 budget*
- · Can be completed within a 6-12 month period

*If additional funding is needed, include plans for securing additional funds in your proposal.

The current grant application is open July 15 - 31, 2024.

For the current grant cycle, eligible projects must focus on **expanding access to food and shelter**. See **kfcfoundation.org/wishes** for the full list of quarterly grant cycles and project categories.

Examples of possible projects include:

- · Food pantry remodel or expansion
- · Community garden creation
- · Building repairs and renovations
- · Beautification of community space

Final determinations will be made within 60 days of the application deadline. Keep this in mind for timesensitive projects or events.

Please check your spam/junk folders for emails from foundation@kfc.com regarding your application.

Review the Program Guidelines on kfcfoundation.org/wishes for more information.

Questions? Email the KFC Foundation at foundation@kfc.com.

Applying on behalf of:

KENTUCKY FRIED CHICKEN FOUNDATION INC.



EIN: 61-1337601

Address: 1900 Colonel Sanders Ln, Louisville, KY 40213, US

Change organization

Learn how to manage organization details [2]



Organization Information

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					Limit: 300) characte
Employer Ident	ification	Number *				
XX-XXXXXXX						
//ailing Address	s *					
Please note that P.O.	. Boxes will	not be accepte	d.			
Mailing Addres	s Line 2	(optional)				
Mailing Address	s City *					
ศailing Addres	s City *					
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Mailing Address Select	s State *					~
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Mailing Address Mailing Address Select Mailing Address	s State * s Zip *				Limit: 5	

Contact Information

Please enter the contact information for the person completing this application. Additional collaborators can be added to help complete your application.

Contact Information *	
irst Name	
ast Name	
ītle *	
Email Address *	
email@example.com	
Phone Number*	
About Your Organization	
What is your organization's mission statement? *	
	Limit: 50 words
Vhat is your organization's vision statement? *	
	Limit: 50 words
Briefly describe the services and programs you offer, and the impact on	your community. *
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Limit: 250 words

About Your Project

Summarize your project in 1-3 sentences (the short version). *	
	Limit: 50 word:
Provide an overview of your project (the long version). Tell us the you're addressing, or the problem that you're solving in your co	
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	Limit: 500 words
Describe the timeline for this project. Preference is given to proj nonths. *	ects that can be completed within 6
	Limit: 250 word
Describe the audience you'll serve with this project. *	
	Limit: 250 words
lumber of individuals expected to be served by this request. *	
The Difference You're Making	
ell us about the difference this project will make to the people in your community. List u	un to three objectives or goals for your project
on as about the unificine this project will make to the people in your community. List t	ap to three objectives or goals for your project.
Vhat is the primary objective or goal of this project? *	
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Limit: 250 words

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Vhat is the third objective or goal of this project? *	
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ow do you plan to measure your progress toward meeting each of t	ille objectives listed above :
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KFC Restaurant Referral	Limit: 250 word
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Vere you referred by a KFC restaurant to apply? * Yes No	ed \$10,000 are acceptable but

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .pdf, .xls, .xlsx

Please upload your c	urrent annual organization budget. Only PDFs or Excel files will be accepted.
	Choose File
Upload a file. No files have b	peen attached yet.
Acceptable file types: .csv, .p	odf, .xls, .xlsx
Please enter the total	I amount of your project budget. *
Please enter the total	l amount of your organizational budget. *
Budget Narrative: If t that information with	here is anything you want us to know about your project budget, please share us.
Does your project bu organization? *	adget include requests for support for salaries of anyone employed by the
organization?	
Yes	
No	
Please upload your L accepted. *	etter of Determination from the IRS. PDFs, JPG or PNG files, or Word docs are
	Choose File
Upload a file. No files have b	peen attached yet.
Acceptable file types: .doc, .	docx, .pdf, .jpg, .jpeg, .png

The following information is for statistical purposes only. This information has no effect on the selection process.

Select all ages that may be served by this project.

	Children and Youth (0-17)
	Adults (18+)
	Elderly (65+)
Sel	ect all gender identities that may be served this project. *
	All genders
	Women
	Men
	Nonbinary
	Other
Sele	ect all races that may be served this project.
	All races
	Asian
	Black/African American
	Hispanic/Latinx
	Native American/Alaskan/Hawaiian/Pacific Islander
	Middle East/North African
	White/Caucasian
	Other
Sel	ect all additional demographics that may be served this project.
	Veterans
	LGBTQ+
	Individuals with disabilities
	Individuals with food or housing insecurities
	Individuals with low income
	Non-native English Speakers
	Other
	Save Draft Submit
Draft	s may be visible to the administrators of this program.