



SALINE COUNTY APPLICATION GUIDELINES 2027 Social Services Funding

- I. The organization must be able to demonstrate that the organization's **principal purpose** aligns with Saline County's mission and that by supporting your organization, Saline County can control costs and provide value to the taxpayers.
- II. The organization must document its primary purpose is related to the above goals by providing all the requested materials listed in this application. Incomplete applications will not be accepted.
- III. The organization must have been in active operation for at least two years, be a Federally recognized 501c3 or tax-exempt entity, and able to provide certified documentation of those conditions if requested.
- IV. Allocations will be made annually through the budget appropriation process. Allocations are approved with the budget on or before October 1. Funds are made available January 1 the following year.
 - a. Applications are due back to the County Administrator by 5PM on May 22. Those applications can be sent via email as an attachment to County Administrator Matt Stiles, stilesm@salinecountyks.gov.
 - b. Applications will be reviewed by a committee appointed by the County Commission. Agencies will be asked to make presentations to the committee the week of June 1-5.
 - c. The County Administrator will provide a funding recommendation to the County Commission on July 7.
- V. Each agency awarded will be asked to enter into a funding agreement with Saline County.

Instructions

- Please type into the fillable form. Handwritten request will not be accepted
- Please answer all of the questions in the order listed.
- Submit any supporting documents as PDF attachments in one email.
- Applications are due to stilesm@salinecountyks.gov by 5PM on May 22.

2027 Social Services Funding Application Outside Agency Funding Program

I. General Information

Organization Name:

Primary Contact Person:

Title:

Address:

Phone:

Email:

Website (if applicable):

Type of Organization:

Nonprofit (501c3)

Governmental Entity

Other:

Year Established:

Service Area (County/Region Served):

II. Funding Request

Amount Requested (2027): \$

Brief Description of Program/Services (2–3 sentences):

III. Organizational Mission & Impact

1. Mission Statement:

2. Describe how your organization’s mission supports county priorities and helps control costs for county departments (e.g., reduces jail, hospital, or emergency service usage):

IV. Program Details

1. Description of Services Provided:

Include target population, services offered, and expected outcomes.

2. Number of County Residents Served Annually:

3. Measurable Outcomes:

(Provide data or expected results)

V. Financial Information

1. Total Organizational Budget (Current Year): \$

2. Program Budget (if different): \$

3. Amount of County Funding Requested as % of Budget: %

VI. Leveraging & Funding Sources

1. How will county funding be used to leverage outside funding?

(Check all that apply and explain)

Grants

Private Donations

Federal/State Funding

Foundations

Other:

Explanation:

VII. Public Support & Community Investment

1. Does your organization receive funding from the City of Salina?

Yes No

If yes, amount: \$

2. Estimated value of tax-exempt property (if applicable):

\$

3. Other public or governmental support:

VIII. Fundraising Efforts

Describe your organization's fundraising activities and efforts to diversify revenue:

IX. Use of Funds

Provide a detailed explanation of how the requested county funds will be used:

X. Additional Information

Any additional information the committee should consider:

XI. Certification

I certify that the information provided in this application is accurate and complete.

Authorized Signature: _____

Name/Title: _____

Date: _____

Submission Information

Application Available: April 27, 2026

Application Deadline: May 22, 2026

Submit completed application to:

Applications are due to stiles@salinecountys.gov by 5PM on May 22.