

To apply, complete the form below and email it to SICC staff at kansasicc@ksde.gov at least 40 days prior to the start of your project.

Suggested deadline to submit application is February 1, 2026. Funds must be spent in between July 1, 2025 and June 30, 2026.

Requests cannot exceed $3,000. If a higher amount is requested, please reach out to SICC staff at the email above.

**State ICC Funding Request**

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| --- | --- | --- | --- | --- |
| **Council/Coalition Name:** | |  | | |
| **Event/Activity Date(s):** | |  | | |
| **Name of Person(s) Filling out Request:** | |  | | |
| **Infant Toddler Program Number, Name and Address:** | |  | | |
| **Telephone:** | |  | | |
| **Fiscal Agency**  **Name and address:** | |  | | **Email:** |
| **Total Funds Requested:** | |  | | |
| **\*Funding Purpose** | |  | | |
| **Impact Statement:** (350 words or less)  Please provide a brief summary of:   * *Need(s) to be addressed* * *How it will assist your local council or coalition* | |  | | |
| **Goals, Activities, and Target Audience:** *What are you trying to accomplish? What activities will you do and who will benefit? (2-3 sentences)* | | |  | |
| **Funding Request Narrative:** *Describe any existing LICC budget input and briefly detail the intended use of the requested funds. (2-3 sentences)* | | | | |
| **Coordination and Input:** *Detail relevant community input or current initiatives that led you to the proposed work/activities. (2-3 sentences)* | | | | |
| **Printed Name of Person Submitting Request:** | | | | |
| **Date of Submission:** |  | | | |
|  |  | | | |

**Attach fiscal agent’s W-9** (if needed)

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| --- | --- |
| **INTERNAL USE ONLY** | |
| **Reviewed By:** |  |
| **Date Referred to SICC:** |  |
| **Approval Date by SICC:** |  |
| **Denial Rationale:** |  |
| **GAN sent** |  |
| **Date of Payment:** |  |