

KIWANIS INDIANA FOUNDATION, INC. GRANT APPLICATION

(Approved by the Foundation Board on March 18, 2022)

Effective date June 16, 2022

Date of Application: _____

Name of Kiwanis Club: _____

Application prepared by: _____

Contact Person and address: _____

Telephone: _____ Email: _____

Date Club chartered: _____ Number of Club members: _____

I. PROJECT INFORMATION

A. What is the name of the project for which you are requesting funding?

B. State the purpose of your project and provide a narrative describing the project.

Include: Number of people served, ages of those being served, area being served (town, city county)

C. Project Budget:

1. Total Project Cost: _____

2. Total Foundation Request: _____

3. Total Club Funding: _____

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I PROJECT INFORMATION C. Project Budget: (Continued)

4. In-kind Services and/or Supplies and Value(s): _____

5. Other Funding Sources and Amounts: _____

D. Assuming that this project is successful, what financial and other resources will be available for its sustainability?

E. Project start date: _____ Project completion date: _____

F. Provide a detailed project budget and timeline: _____

II. ORGANIZATION INFORMATION

A. Is this Kiwanis Club a past grant applicant to the Kiwanis Indiana Foundation, Inc.?

1. If yes, name of project and date: _____

2. A past grant recipient? _____

3. If yes, name of project and date: _____

A KIWANIS CLUB CAN ONLY RECEIVE A GRANT EVERY TWO (2) YEARS.

B. Do you agree to supply a brief written report when the project is completed? _____

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II. ORGANIZATION INFORMATION (Continued)

C. If awarded a grant a completed IRS W-9 Form will be required.

D. If you are awarded a grant, how do you propose to publicly acknowledge the Kiwanis Indiana Foundation, Inc.?

III. ATTACHMENTS

- 1. Cover Letter
- 2. Complete application and attachments
- 3. List of your Club's current officers
- 4. Detailed application project budget
- 5. Narrative description of the project
- 6. All pertinent supporting information

IV. APPLICATION MUST BE SIGNED BY THE KIWANIS CLUB PRESIDENT

Signature: _____

Print name: _____ Phone : _____

Email: _____

If additional information is required, whom else do you want us to contact?

Name: _____ Title : _____

Phone: _____

Email: _____

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