

KIWANIS INDIANA FOUNDATION, INC. GRANT APPLICATION

Date of Application: _____ Name of Kiwanis Club: _____

Application Prepared by: _____ Contact Person: _____

Contact Address: _____

Telephone: _____ Email: _____

Project Name: _____

Please check amount requested in the box below:

\$250 - \$1,000.....	No match required
\$1,001 - \$2,000.....	10% cash match required
\$2,001 - \$3,000.....	20% cash match required
\$3,001 - \$4,000.....	25% cash match required

Project Description: An ideal response provides an informative summary of the service project in 250 words or less. Be specific in describing what the project is and how club members will be involved and how the club will measure the success of the project.

Describe the need that your project addresses and how your club determined the need(s):

How many people will be impacted by this project at the end of one year? _____

What is the total budget of your project? Submit a simple spreadsheet containing the details of any other contributions (including your club match if required) and anticipated expenses. Include any in kind contributions and their value. Please mail a copy of the spreadsheet to the Foundation address provided in the guidelines or email the excel file with this completed form to kiwanisindianafoundation@indkiw.org

Timeline:

Provide a timeline for your project with key activities and corresponding dates.

Partnership and Collaboration:

List any organizations you are partnering with to complete this grant project, including any other Kiwanis Family member organizations and how they will be participating.

How many members are in your club: _____

How many members of your club will be participating in this project: _____

If approved, do you agree to supply a brief written report to the Foundation when the project is completed and to promote the funding provided by the Kiwanis Indiana Foundation? _____

Preparer's Signature: _____

Contact Person Signature: _____

Club President's Signature: _____