

GOSHEN KIWANIS FOUNDATION

P.O. Box 287, Goshen, Indiana 46527-0287

Please complete the following grant request in its entirety. Feel free to attach additional documentation as it relates to your request.

Organization / Individual name: _____

Physical address and PO Box: _____

City, State, Zip Code: _____

Project name: _____

Contact person and title: _____

Telephone: _____

Fax: _____

Email address: _____

Organization CEO & telephone _____

Board Chair & telephone _____

What is the mission of your organization? _____

Amount requested: _____ Are you a 501(c)3? _____

Are you asking us to match an amount you will raise? If yes, please explain:

Are you asking for full or partial funding of this project / program? _____

Specifically, how will the Goshen Kiwanis Foundation monies be used?

What is the community need / problem to be addressed?

Describe the constituency to be served and how they will benefit. How many people do you expect to serve through this grant? How will you track that information?

Who will be the person responsible for the project / program? What are their qualifications to carry out this specific project / program?

Describe your program goals. These should include measurable numeric goals.

Name other organizations that provide comparable services in our area, and explain how this one is unique.

From what other source(s) have you received funds or pledges? Are the other sources under consideration?

Is your organization financially solvent? _____

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| If the Goshen Kiwanis Foundation honors your request for funds, a progress report is to be completed after 1 year or completion of your project, whichever comes first. | |
| Funded?: | Amount: |
| Check Number: | Date: |
| Authorized GKF Board Signature: | |