Kiwanis Grant Application

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| **Organization Name** |  | **Applicant Name** |  |
| Address |  | Email |  |
| Phone |  | Position |  |

### Organization Details

|  |  |
| --- | --- |
|  |  |
| EIN Number |  |
| Attach 501c3 IRS Letter |
| Attach Cover Letter – Use organization letterhead and include the following* Describes your organization and who it serves
 |
| * Discusses the importance of the proposed project
 |
| * References your mission statement
 |
| * Includes the signature of the CEO, Board Chair or President
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|  |
| Organization Mission Statement |  |

### Project Information

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| --- | --- |
| **Project Name** |  |
| Project Start Date |  |
| Project Mission (2-3 sentences) |  |
| Project Description | (Provide a brief description of the proposed project. Include information about the start and end dates for the project and where the project will take place. Describe what activities will take place and how they will be conducted) |
|  |  |
| Statement of Need (2-3 sentences) |  |
| Participants | **Provide the projected number and age range(s) of youth to be served (include all that apply)** |
|  | Ages 0-5 |
|  | Ages 6-12 |
|  | Ages 12-18 |
| Timeline | Outline project timeline along with other major dates and how they are important. If this is a new project, outline your plans for ongoing programming and include you financial sustainability plan to ensure this project’s ongoing success once funding is secured.  |
| Purpose | **Why is there a financial need for you project at this time?** |
|  | Purpose |
| Outcomes | **Please select the classification that best describes this project** |
|  | **Promote health and wellbeing of youth age 0-18 years** |
|  | **Improve the quality of live for youth age 0-18 years** |
|  | **Increase accessibility for youth age 0-18 years to learn and grow** |
|  | **Develop leadership skills of youth age 0-18 years** |

|  |  |  |
| --- | --- | --- |
| **Goals** |  | **List up to 3 goals and objectives for your project** |
| Goal/Objective #1 |  |  |
| Goal/Objective #2 |  |  |
| Goal/Objective #3 |  |  |
| **Success** |  | **How will you assess the success of your project?** |
|  |  |  |
|  |  |  |
| **Budget** |  |  |

Requested Amount

Is this request being submitted exclusively to Canandaigua Kiwanis Foundation? (Yes/No)

* If no, list other potential and actual sources of support for this project

Will the project be viable if partial funding is available? (Yes/No)

* Please provide details:

Will there be funding to continue this project into the future if applicable?

**Attach copy of Project Budget Overview**

**Include a financial summary of your organization’s most recent completed fiscal year. Include original budget and actual revenue/expenses for that year. If your budget is published online, you may include a link/address to the budget.**