Kiwanis Club of Barrie Funding Application

We ask that applicants read the following pages and the Information for Applicants carefully. Take care when filling in the application; incomplete proposals WILL NOT BE CONSIDERED. If you need assistance in completing the form, please email: admin@kiwanisclubofbarrie.com. You will be notified 4-6 weeks following the deadline for submissions (31 January, 30 April, 31 July, or 31 October) if your request will be funded.

Please note that if your application is successful, you will be required to provide the Kiwanis Club of Barrie with proof of use of funds provided.

ORGANIZATION INFORMATION AND AUTHORIZATION

Organization Name:	
Address Line 1:	
Address Line 2:	
City:	Province:
Country:	Postal Code:
Telephone:	Facsimile:
E-mail:	Website:
Primary Contact:Click or tap here to enter text.	Secondary Contact:
Title:	Title:

Does your organization have a Board of Directors? Yes ☐ No ☐

If yes, "We the Board of Directors have authorized this funding application" Agreed ☐ Disagreed ☐

Name and contact number of Authorizing Board Member: _____

Is your organization a registered charity? Yes ☐ No ☐

If yes, please provide your Canada Revenue Agency (CRA) charity number: _____

Is this request to support a project that will serve children in Simcoe County? Yes ☐ No ☐

Is this request to support a project that will serve adults in Simcoe County? Yes ☐ No ☐

Is this request to support a project that will serve persons with special needs in Simcoe County?
Yes ☐ No ☐

Is this donation request for equipment or for operating costs related to a special project or new program?
Yes ☐ No ☐

SUMMARY OF REQUEST

Amount Requested: _____

Project/program total budget:	Percent funded by Government:
Percent funded by Donations:	Percent funded by other means:

Time period this donation will cover: _____

Date of last donation awarded by the Kiwanis Club of Barrie: _____

Amount of last donation awarded by the Kiwanis Club of Barrie: _____

How much have you raised to date and/or have you secured other funding commitments (providing this information will NOT affect your request from Kiwanis Club of Barrie)? _____

TELL US YOUR STORY

What is the mission of your organization? _____

Tell us about the proposed project/program: _____

How many people do you expect will be served by this project/program; in the first year? _____; in following years (if applicable)? _____.

What need in the community are you addressing? _____

Are other organizations in the community working on this issue? Yes ☐ No ☐.

If yes, how will your project/program coordinate with, or enhance, other programs?

_____

How did you identify this need? _____

What are the three most important outcomes you are pursuing?

1) _____
2) _____
3) _____

How will you evaluate and report on these outcomes? _____

Will you follow-up and update the Kiwanis Club of Barrie to let us know how the project went, what results were achieved and what successes were achieved/lessons learned? Yes ☐ No ☐.

What timeline are you considering to provide such an update (above)? _____

If applicable, how will you sustain the project after the first year (not required for capital or one-time projects)? _____

Please feel free to include any additional information you feel may be relevant to your request:

_____

_____