



## ECF Grant Application Instructions

We are pleased that you are making application for an Earl Collins Foundation Grant of **up to \$1,000**. Service Leadership Programs (SLPs) and Kiwanis Clubs in the Missouri-Arkansas District are eligible to apply.

Follow these instructions carefully so that your application will receive due consideration.

### To apply for an Earl Collins Foundation Grant:

- Complete all information requested on the application form.
- Attach a detailed description of the project for which you are requesting the grant.
- Attach a detailed description of the expected project impact on your school and community.
- Attach a detailed budget for the project.
- Get all required signatures.
- Send completed application and attachments to Earl Collins Foundation Grant Committee Chair J. Troy Massey, [mosbcg@cox.net](mailto:mosbcg@cox.net). Questions, call 870-365-9273.
- Grant applications will be accepted throughout the Kiwanis fiscal year.

### Approved Grant Applications

- You will be notified within two weeks of your submission.
- The check will be made payable to the club requesting the grant, and it will be mailed to the address listed at the bottom of the application. Typically, for Sponsored Leadership Program (SLP) grant recipients, the check will be mailed to the sponsoring Kiwanis Club for presentation to the SLP.
- A completion report will be required, including at least two pictures with permission to be published in the *Kiwanigram*, in local newspapers, and on the Missouri-Arkansas Kiwanis website.



**EARL COLLINS FOUNDATION GRANT APPLICATION**

Name of Club Requesting Grant: \_\_\_\_\_

Club Type:  Kiwanis  CKI  Key Club  Builders Club  K-Kids  Aktion

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Total Cost of Project: \_\_\_\_\_

Requested Amount:  Up to \$100  Up to \$250  Up to \$500  Up to \$1,000

**PLEASE ATTACH THE FOLLOWING INFORMATION:**

- Project Description (a detailed description of project)
- Project Impact (a detailed description of impact on school/agency & community)
- Detailed Project Budget (an itemized budget for project. Include other funding sources)

Requesting SLP Club President Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

School/Community Sponsor of SLP: \_\_\_\_\_

School/Agency Advisor Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Sponsoring Kiwanis Club of SLP: \_\_\_\_\_

Kiwanis President or Secretary Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

*(Check will be mailed to this address for presentation to the club or requesting SLP.)*

**Email this page along with the requested attachments to [mosbcg@cox.net](mailto:mosbcg@cox.net).**