Amtryke Grant Application

Kentucky-Tennessee Kiwanis Foundation Grant Application for Amtryke

Club Name _____

Mailing Address _____

City _____State_____Zip Code_____

Contact Person _____Phone_____

Is there an Amtryke Therapeutic Tricycle Request Form? Yes_____No____

Child needs overview including physical therapist descriptions.

_____

_____

_____

_____

_____

Submit additional pages if needed

Is your project Kiwanis led? Yes____ No ____

Project budget _____% of total funding from club_____ Amount_____

Do you have a 501(c)(3) or tax-exempt entity funding partner besides the KY-YN District Foundation?

If yes, provide copy of 501(c)(3) letter and amount partner is providing. _____

Timeline for delivery of the Amtryke_____

Are there any other partnerships or collaborations on the project other than financial? If yes, please provide details. _____

_____

How does your club plan to announce project _____

_____

Describe Kiwanis member engagement with the project. _____

_____

_____

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The KY-TN District Foundation will support 50% of the funding up to $250.00 for the Amtryke

Funds will be paid to the club upon completion of the project.

Date_____

Club President _____ /_____

Signature *president's printed name*

Club Secretary _____ / _____

Signature *secretary's printed name*

Has your club contributed to the KY-TN District Foundation this fiscal year? Yes____ No ____

Grant applications will be reviewed twice a year. Applications must be received by January 31st or July 31st.

Send application to

Lee Locke
35 Nottingham Street
Madisonville, KY 42431

OR

Donna Ratliff
PO Box 584
Pikeville, KY 41502