

# 1. Kiwanis Grant Application – Cover Sheet

**Kiwanis Club Name:** \_\_\_\_\_

**Grant Cycle / Year:** \_\_\_\_\_

**Application Deadline:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Primary Contact Name & Title:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Website (if applicable):** \_\_\_\_\_

**Organization Address:**

Street: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**Federal EIN (if applicable):** \_\_\_\_\_

501(c)(3) Nonprofit

School / School District

Government Entity

Community Program

**Fiscal Sponsor Name (if applicable):** \_\_\_\_\_

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## 2. Organizational Information Form

1. **Mission Statement (brief):**

\_\_\_\_\_

2. **Year Founded:** \_\_\_\_\_

3. **Primary Population Served (check all that apply):**

Children (ages 0–5)

Children (ages 6–12)

Youth (ages 13–18)

Families

Individuals with disabilities

Low-income households

Community-wide

Other: \_\_\_\_\_

4. **Geographic Area Served:**

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5. **Brief Organizational Overview (1–2 paragraphs):**  
(Include history, experience, and major programs)

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### 3. Program / Project Description Form

**Project Title:** \_\_\_\_\_

1. **Project Summary (clear and concise):**  
Describe what you are requesting funding for and why.

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2. **Community Need Addressed:**  
What problem or need does this project address?

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3. **How does this project align with Kiwanis' mission of serving children and improving communities?**

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4. **Project Timeline:**  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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### 4. Budget & Funding Request Form

**Total Project Cost:** \$ \_\_\_\_\_

**Amount Requested from Kiwanis:** \$ \_\_\_\_\_

**Budget Breakdown (attach additional page if needed)**

## Expense Item Cost

**Will Kiwanis funds be used for (check all that apply):**

- Program supplies
- Educational materials
- Equipment
- Event costs
- Direct services
- Other: \_\_\_\_\_

Kiwanis funds will be used **only for this project** and not for general operating expenses unless approved.

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## 5. Impact & Outcomes Form

1. **Who will benefit and how many individuals will be served?**

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2. **Expected Outcomes (measurable if possible):**

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3. **How will you measure success?**

- Participation numbers
  - Surveys / feedback
  - Completion of program activities
  - Other: \_\_\_\_\_
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## 6. Sustainability & Collaboration Form

1. **How will this project be sustained after Kiwanis funding (if applicable)?**

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2. **Are there other partners or funders involved?**

No

Yes (list below):

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## 7. Compliance & Assurance Form

By signing below, I certify that:

All information provided is accurate and complete

Funds will be used solely for the approved purpose

The organization agrees to provide a brief impact report if requested

The organization agrees to acknowledge Kiwanis support when appropriate

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## 8. Optional Attachments Checklist

IRS Determination Letter or proof of nonprofit/school status

Project budget

Letters of support (optional)

Organization brochure or one-page overview (optional)