## NEW CLUB Community Service Grant (CSG) Application

All grant applications from **newly-chartered Kiwanis clubs** (within two years of charter date) for community service projects must be submitted to the LaMissTenn District Foundation Office using form. Handwritten/typed forms are no longer acceptable.

* Ind	dicates required question		
1.	Email *		
2.	Kiwanis Club Name: *		
3.	Official Charter Date per KI (must be within	two years to be eligible): *	
	Example: January 7, 2019		
4.	Club Mailing Address (street number, stree grant award:	t, city, state, zip) for reimbursement of	*
5.	Club Tax I.D. number: *		
6.	Club President Name: *		

7.	Club President Phone: *	
8.	Club President Email: *	
9.	Club Secretary Name: *	
10.	Club Secretary Phone: *	_
11.	Club Secretary Email: *	-
12.	Club Treasurer Name: *	-
13.	Club Treasurer Phone: *	
14.	Club Treasurer Email: *	
		-

## **GRANTS POLICY**

15.	I have read the <u>Grants Policy</u> prior to completing this application and accept the terms set forth.	*
	Mark only one oval.	
	Yes, proceed with application.	
	No, ineligible for grant funds.	
16.	Verify you are prepared to submit the following required information with this Grant Application. Incomplete grant applications may be returned, thus delaying the grant process.	*
	A final report on this project will be provided to the District Foundation board of Directors, along with suitable photographs. This information may be used by the District Foundation and the Kiwanis District to promote your club's project.	
	Receipts for items ONLY for project/program, that include vendor's name, date of purchase and final amount of purchase (minus any credits/coupons). Receipts dated prior to grant application are not eligible	
	The Grant Policies have been read prior to completing this application and we accept the terms set forth.	
	Mark only one oval.	
	Yes, proceed with application.	
	No, ineligible for grant funds.	
PF	ROPOSED PROJECT :	
Ne	w Club Grants awards do <b>not to exceed \$1,000.</b>	
De	adline to submit is 2 years from official charter date of club as defined by KI.	
17.	Project Title: *	

18.	Brief description outlining scope of project: *
19.	What warrants this project and how will it aid or improve the situation affected by *it?
00	
20.	Number of individuals benefiting from this project: *
21.	Describe how this project will be evaluated as to whether it has accomplished its *objectives.
22.	Estimated Total Cost of Project: *

23.	Requested funding from the District Foundation: * *cannot exceed \$1,000	
24.	Amount of funding to be provided by Club: *	
25.	Please upload a line-item budget for this specific project (not your club's annual budget).  Files submitted:	*
26.	Proposed Start Date: *	
	Example: January 7, 2019	
27.	Proposed End Date: (projects must be completed within 1 year of award) *	
	Example: January 7, 2019	
28.	Grant projects must include recognition of the District Foundation. How will your club recognize the District Foundation for this project?	*
FL	JNDRAISING:	

https://docs.google.com/forms/d/1MN1X3kzuGKCVQFfeOD7M5V9-DcdXUW8Gs8FYHjc1xvM/editable. The state of the control of the contr

	as well as partners in the project and their role(s):
30.	Does your club plan to continue/repeat this project in the future? *
	Mark only one oval.
	Yes Skip to question 31
	No Skip to question 32
Ye	s, your club plans to continue/repeat this project in the future.
Ye 31.	s, your club plans to continue/repeat this project in the future.  Please explain how it will be <b>funded</b> in the future. *
31.	

32. Upload supporting documentation in the form of support letters **for this project** (maximum of 2), which may be submitted from local units of government agencies and/or community leaders on official or company letterhead. Other documents that you deem appropriate will be considered.

Files submitted:

## **CERTIFICATION:**

33.	Have the Club Board of Directors certified that the criteria for completing this grant * application have been and/or will be met, and respectfully request approval of this application from the District Foundation Board of Directors?
	Mark only one oval.
	Yes, proceed with application.
	No, ineligible for grant funds.
34.	When did your Club's Board of Directors approve to submit this request? *
	Example: January 7, 2019
35.	Our Kiwanis Club is "in good standing" with the LaMissTenn Kiwanis District * Foundation, having contributed at least \$5/member to the <b>CURRENT</b> Annual Club Giving (ACG) Campaign.
	Mark only one oval.
	Yes, proceed with application.
	No, ineligible for grant funds.
36.	Please provide the amount of the ACG donation, when it was made, and the check number.

37.	Grant Checklist: Verify that the following are agreed upon. Incomplete grant applications may be returned, thus delaying the grant process.	*
	Check all that apply.	
	A final report on this project will be provided to the District Fuondation board of Directors, along with suitable photographs. This information may be used by the District Foundation and the Kiwanis District to promote your club's project.	
	Copies of any receipts will be submitted upon completion to properly verify the funding requested for this grant.  The Grant Policies have been read prior to completing this application and we accept	Ū
	the terms set forth.	
38.	Name of club member responsible for project and will serve are liaison to the Foundation Grant Committee:	*
39.	Email of club member responsible for project and will serve are liaison to the Foundation Grant Committee:	*
40.	Phone of club member responsible for project and will serve are liaison to the Foundation Grant Committee:	*
41.	Name of person completing this application: *	

42.	Do you certify that all the information above is true and correct to the best of your knowledge?	*
	Mark only one oval.	
	Yes, proceed with application.	
	No, ineligible for grant funds.	

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