

Community Service Grant (CSG) Application

All grant applications for Community Service projects must be submitted to the LaMissTenn District Foundation Office using form. Handwritten/typed forms are no longer acceptable. All criteria for grant application can be found on the CSG webpage.

* Indicates required question

1. Email *

2. Kiwanis Club Name: *

3. Club Mailing Address (street number, street, city, state, zip) for reimbursement of grant award: *

4. Club President Name: *

5. Club President Phone: *

6. Club President Email: *

7. Club Secretary Name: *

8. Club Secretary Phone: *

9. Club Secretary Email: *

10. Club Treasurer Name: *

11. Club Treasurer Phone: *

12. Club Treasurer Email: *

GRANTS POLICY

13. I have read the [Grants Policy](#) prior to completing this application and accept the terms set forth. *

Mark only one oval.

☐ Yes, proceed with application.

☐ No, ineligible for grant funds.

14. 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.

PROPOSED PROJECT

15. Grant Level: *

Mark only one oval.

- ☐ Level 1 "Gold" Grant: not to exceed \$5,000; Round 1 deadline: February 1st; Round 2 deadline: July 1st
- ☐ Level 2 "Silver" Grant: not to exceed \$2,000; Deadline is 1st of each month until Sept 1st

16. Project Title: *

17. Brief description outlining scope of project: *

18. What warrants this project and how will it aid or improve the situation affected by it? *

19. Number of individuals benefiting from this project: *

20. Describe how this project will be evaluated as to whether it has accomplished its objectives. *

21. Estimated Total Cost of Project: *

22. Requested funding from the District Foundation: *

*Requested funding cannot exceed 75% of the total project up to a maximum of \$5,000 for Gold Level or \$2,000 for Silver Level

23. Amount of funding to be provided by Club: *

24. Please upload a line-item budget for this project - not your club's annual budget. *

Files submitted:

25. Requested funding to be used as: *

Mark only one oval.

☐

New Project

☐

Existing Project (that has never received a Foundation grant)

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? *

29. What makes this project special beyond just a grant project? *

FUNDRAISING

30. List attempts to secure needed revenue from other sources and amounts received from these sources including in-kind services, donations, and discounts as well as partners in the project and their role(s): *

31. Does your club plan to continue/repeat this project in the future? *

Mark only one oval.

☐ Yes *Skip to question 32*

☐ No *Skip to question 33*

Yes, your club plans to continue/repeat this project in the future.

32. Please explain how it will be **funded** in the future. *

SUPPORTING DOCUMENTATION:

33. 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:

CERTIFICATIONS

34. 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.

35. When did your Club's Board of Directors approve to submit this request? *

Example: January 7, 2019

36. Our Kiwanis Club is "in good standing" with the LaMissTenn Kiwanis District *
Foundation, having contributed at least \$5/member to the **CURRENT** Annual Club
Giving (ACG) Campaign (verifiable [HERE](#)).

Mark only one oval.

- ☐ Yes, proceed with application.
- ☐ No, ineligible for grant funds.

37. Please provide the amount of the ACG donation, when it was made, and how the *
donation was made (including check number, if applicable).

38. Grant Checklist: Verify that the following required information is included and/or agreed to with this Grant Application. 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 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.
- ☐ 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 the terms set forth.

39. Name of club member responsible for project and will serve are liaison to the Foundation Grant Committee: *

40. Email of club member responsible for project and will serve are liaison to the Foundation Grant Committee: *

41. Phone of club member responsible for project and will serve are liaison to the Foundation Grant Committee: *

42. Name of person completing this application: *

43. 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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