

Disaster Relief Grant Application

The LaMissTenn District Foundation announces the "Disaster Relief Grant Program as a way for Kiwanis Clubs in our District, to bring immediate relief into communities within our District, whenever a disaster (designated a declared disaster by federal, state, or parish/county agency) strikes.

* Indicates required question

1. Email *

ELIGIBILITY:

To be eligible for a Disaster Relief Grant, your club agrees to:

- 1) Projects are for immediate/essential relief and must be completed within **30 days** of submission.
- 2) **Completed projects are not eligible.**
- 3) Clubs that are not onsite or near the project, must identify a contact in the affected area with which they will coordinate project logistics.
- 4) Print and use the Disaster Relief Sponsorship Flyer during event (fill in club name). Flyer available for download on the Disaster Grants webpage on lamisstenn.org.
- 5) Submit a brief report, including receipts, club cancelled check(s) or payment documentation, and pictures, within 30 days of completion of the project, on the manner in which the grant funds were spent, in accordance with this application and for no other purpose. **Only receipts dated after the grant application date are eligible for reimbursement.**
- 6) Advanced funding is on a case-by-case basis. If funding is advanced for the project, any portion of grant funding not utilized, must be refunded to the District Foundation, within 30 days of completion of the project.

2. I have read the [Grants Committee 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.

APPLICANT DETAILS:

3. Disaster Grant Application is submitted by the Kiwanis Club of: *

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

5. Club President Name: *

6. Club President Phone: *

7. Club President Email: *

8. Club Secretary Name: *

9. Club Secretary Phone: *

10. Club Secretary Email: *

11. Club Treasurer Name: *

12. Club Treasurer Phone: *

13. Club Treasurer Email: *

PROJECT DETAILS:

14. Name of disaster: *

15. Project will assist: (name of community; cannot be for an individual or specific family) *

16. Will your club be onsite for the project? *

Mark only one oval.

☐ Yes

☐ No

17. If your club will not be onsite for the project, identify the contact with which your club will coordinate project logistics: (enter N/A if not applicable) *

18. Anticipated number impacted by this project: *

19. Describe the project: *

- Focus on basic essentials for immediate relief
- Identify specific supplies
- How they will be used/distributed

****Project will be reimbursed based on items listed below.**

20. Proposed date of service: (to be completed within 30 days of completion of project) *

Example: January 7, 2019

21. Estimated total cost of project: *

22. If total cost of project exceeds maximum grant award of \$1,500, is the club prepared to cover the difference?

Mark only one oval.

☐ Yes, proceed with application.

☐ No, ineligible for grant funds.

23. Date Club Board approve applying for this grant: *

Example: January 7, 2019

CERTIFICATIONS:

24. 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.

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

Example: January 7, 2019

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

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

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

29. Name of person completing this application: *

30. 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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