

District Grant Application

The LaMissTenn District Foundation recognizes two District Projects: (1) Placing Automated External Defibrillators (AEDs) throughout the District, and (2) Placing Kiwanis branded park benches throughout the District as part of Operation Park Bench.

All District Grants must be submitted to the District Foundation Office using this form. Hard copy forms will not be accepted.

Clubs are eligible for only one (1) District Grant per club per year.

District Grant applications are awarded until funding is depleted.

** Indicates required question*

1. Email *

CLUB CONTACT INFORMATION

2. Kiwanis Club: *

3. Club President Name: *

4. Club President Email: *

5. Club President Phone: *

6. Club Secretary Name: *

7. Club Secretary Email: *

8. Club Secretary Phone: *

9. Club Treasurer Name: *

10. Club Treasurer Phone: *

11. Club Treasurer Email: *

12. Name of person completing this application: *

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

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

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

GRANT POLICIES & ELIGIBILITY

16. 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.

17. Do you understand that this is a reimbursement grant? *

Reimbursements will only be made **to the Club** upon receipt of proof of payment.

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.**

Mark only one oval.

☐ Yes, proceed with application.

☐ No, ineligible for grant funds.

18. Is Club in "in good standing" with the LaMissTenn Kiwanis District Foundation [having contributed at least \$5/member to the Annual Club Giving Campaign (ACG)]? *

ACG donation must have been made within the CURRENT Kiwanis Year.

Mark only one oval.

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

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

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

Example: January 7, 2019

21. Have the Club's Board of Directors certified that the criteria for completing this grant application have been and/or will be met, and 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.

DISTRICT PROJECT GRANT OPTIONS

22. Which District Project are you applying for? *

Mark only one oval.

☐

AED

Skip to question 23

☐

Operation Park Bench

Skip to question 27

AUTOMATED EXTERNAL DIFIBRILLATORS (AEDs)

AED Grants for schools (elementary, middle, and high school) are \$1,000; other facilities \$500.

23. Are you applying on behalf of a school (elementary, middle or high) or a facility? *

Mark only one oval.

☐

School (\$1,000)

☐

Facility (\$500)

24. **Name and address** of School (\$1,000 grant) or Facility (\$500): *

25. Do you understand that the AED must be ordered within the next 90 days? *

Mark only one oval.

☐

Yes

☐

No

26. Grant projects must include recognition of the District Foundation. How will your club recognize the District Foundation for this project? *

Skip to question 35

OPERATION PARK BENCH

Grants are up to \$1,000 to install Kiwanis branded park bench(es) in your community.

Projects must be completed within a year of award.

27. Brief description outlining scope of project: *

28. Proposed location to install Kiwanis branded park benches and include the identify the property owner/entity: *

29. Describe who will benefit from this project including an estimated number of individuals: *

30. Identify any partners on this project and their role(s): *

31. Estimated Total Cost of Project: *

32. Requested funding from the District Foundation: *

*Requested funding cannot exceed \$1,000.

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

*Enter n/a if not applicable.

34. Grant projects must include recognition of the District Foundation. How will your club recognize the District Foundation for this project? *

LaMissTenn District Foundation recognition designs will need to be approved by the Foundation Grants Committee prior to finalization.

CERTIFICATION

35. 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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