Super Grant Application

* 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 Tax I.D. number: *

5. 2023-2024 Club President Name: *

6. 2023-2024 Club President Phone: *

7. 2023-2024 Club President Email: *

8. 2024-2025 Club President Name: *

9. 2024-2025 Club President Phone: *

10. 2024-2025 Club President Email: *

GRANTS COMMITTEE POLICY

11. 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.

12. 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

Super Grant awards **do not exceed $10,000.**

13. Project Title: *

_____

14. Brief description outlining scope of project: *

_____

_____

_____

_____

_____

15. Please describe the individuals anticipated benefiting from this project including number of individuals, ages, gender, economic level, etc. *

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

17. Number of individuals benefiting from this project: *

18. Number of current membership on club roster: *

19. Anticipated number of Club members participating in project: (must calculate to at least 50% of club members) *

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

21. Estimated Total Cost of Project: (minimum of $11,765) *

22. Acknowledge this application is for a $10,000 grant:

Mark only one oval.

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

23. Please upload a line-item budget for this specific project (not your club's annual budget). Budget must outline all funding sources (grant, club, and others) *

Files submitted:

24. Proposed Start Date: (cannot be before DCON) *

Example: January 7, 2019

25. Proposed End Date: (projects must be completed within 1 year of award) *

Example: January 7, 2019

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

FUNDRAISING & PARTNERSHIPS

27. Identify the project partners (minimum of 2) and how each will contribute (in-kind services, donations, discounts, etc.): *

28. Will any SLPs be involved in your project? *

Mark only one oval.

- Yes
- No

29. Upload first Letter of Support **for this project** (on letterhead) from a community stakeholder *

Files submitted:

30. Upload second Letter of Support **for this project** (on letterhead) from a community stakeholder *

Files submitted:

CERTIFICATIONS

31. 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.

32. Date Club's Board of Directors approved submission of this request: *

Example: January 7, 2019

33. Is your Kiwanis Club is "in good standing" with the LaMissTenn Kiwanis District Foundation, having contributed at least $5/member to the **CURRENT and the PREVIOUS TWO** Annual Club Giving (ACG) Campaigns? Check your club's status on the Super Grant Eligibility page. *

Mark only one oval.

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

34. 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.

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

_____

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

_____

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

_____

38. Name of person completing this application:

_____

39. 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.