



Kiwaniis[®]
ELLICOTT CITY, MD

**Application for Financial Grant
Fiscal Year 20__**

Organizational Information

Date Submitted:

Name of Non-Profit Organization:

Address:

Person Submitting Request:

Connection to Organization:

Email:

Phone:

Grant Specific Information

Background: (In 250 words or less, please briefly describe the organization's purpose and mission, how many people you serve, and your connection to the Howard County community.)

Type of Contribution/Support Requested including purpose: (In 250 words or less)

Amount of Requested Contribution (up to \$1,000): \$

Please describe the community improvement area to be addressed by your request: (In 250 words or less)



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Please describe what other financial support your organization receives: (In 250 words or less)

Please include the following documentation with your application:

- Proof of registration with the Office of the Secretary of the State of Maryland as a charitable organization
- List of organization's Staff and Board of Directors
- A detailed timeline of your proposed project

Please send this completed application to EllicottCityKiwaniisPartnership@gmail.com. Questions may be referred to the same email address.