**Kiwanis Club of Manchester Grant Request Form**

***About the Kiwanis Club of Manchester:***

Chartered in 1921, the mission of the Kiwanis Club of Manchester is to “enhance, enrich, and improve the lives of Manchester's children and youth, especially those whose opportunities are limited by poverty.” We fulfill our mission through community service projects, fundraising efforts, providing grants to local charities, and by partnering with area schools and organizations.

***Kiwanis Club of Manchester Foundation Grant Request Guidelines:***

* Grants will support nonprofit programs that benefit children from Manchester, NH ages 18 and younger.
* For consideration for our 2017-2018 grant cycle, application must be received, in hand, by May 31, 2018. Applications received after May 31, 2018 will not be considered.
* Decisions can be expected via mail or email by July 15, 2018.
* Please limit your completed Grant Request Form to two pages, along with the cover sheet.
* Grants will be awarded up to $3,000.
* Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Person: \_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Is organization a 501(c)(3) Tax-Exempt Non-Profit? \_\_\_\_\_ Yes \_\_\_\_\_ No
* Please include your 501(c)(3) number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **I. Organization Overview**
* Briefly describe your organization’s mission, history, and general services provided.
* Please provide a list of organization’s leadership staff and current board of directors.

**II. Purpose for Request**

* What are the unique ways your program serves children from Manchester?
* Briefly describe the community issue you are addressing.
* How will your organization use Kiwanis Club of Manchester funding?
* How many children would benefit from the award?
* What are your program’s current outcomes (numbers served, success rate, etc.)? Are there any volunteer opportunities associated with your request?

**How to Submit**

By mail to: Kiwanis Club of Manchester

Attn: Shannon Sullivan, Donations Chair

PO Box 987

Manchester, NH 03105

By email to: Shannon Sullivan, ssullivan17@hotmail.com.

Questions? Please contact Shannon Sullivan at ssullivan17@hotmail.com.