

Grant Request Form

to be used for grant requests greater than \$201

Kiwanis is a global organization of volunteers, dedicated to improving the world one child and one community at a time. The Kiwanis Club of Oxford, Ohio is committed to responding to the unique needs of the greater Oxford community. Together we seek to achieve great things by giving the children of Oxford the chance to learn, experience, dream, grow, succeed and thrive.

Organizational Information

Organization Name:

Address:

City: State: Zip: Telephone:

Fax: Email Contact Person:

Program/Project Information

Program/Project Title: Amount Requested:

This request is for:

Approximate date funds are needed:

If payee name or address differs from information above please explain here:

Summarize the Organization's Mission

Attach a Summary of the Purpose of Your Request *Please limit the summary to no more than four pages summary should address the following information:*

- The community and/or agency needs or problems that this effort will address, including the population served
- How the project will address those identified needs.
- Describe the results you expect to achieve by the end of the project.
- Identify other organizations and/or partners participating in the project and their roles.
- Provide a timetable for the project.

List other private and public funding sources for this particular request

State your strategies for funding this project beyond the requested grant

Describe how your organization is funded:

Program/project Budget

Will your organization be willing to publicize the receipt and use of a grant? Yes No

Will your organization be willing to send to Oxford Kiwanis Club an evaluation of the success of your program when it is completed? Yes No

Past Recipient Information

If you have received a grant from Kiwanis in the past, please answer the questions below.

Brief description of how the grant was used including the date(s) of project, event, or program:

Success of the event or program, if applicable. Include number of participants if the event was a public event or program:

Future plans for the event or program:

If asked, did you publish receipt of this grant and the program/event it supported, If so, please explain:

Authorized Officer of Organization

Name/Title:

Date:

Please submit to: joesinawik@gmail.com

For Kiwanis Use Only

Kiwanis Committee evaluating request:

Does the request adhere to Kiwanis Guidelines and Restrictions? Yes No

If no, Explain:

Does request pertain to:

- Children Health & Wellness Benefit
- Children's Safety Benefit
- Children's Education Value
- Civic or Community Benefit
- Other (Explain)

Recommended? Yes No If yes, Amount:

Board Concurrence? Yes No Date: