

MADISON WEST KIWANIS

2018 YOUTH SERVICES COMMITTEE

Supporting organizations, activities, or projects focused on educational, developmental (mental or physical), safety or recreational programs for Madison area youth--pre-natal through age twenty.

Grant Application

Requesting Organization: _____

Mailing Address:

Telephone: _____ **Email:** _____

Briefly describe the purpose and/or objectives of your organization:

Briefly describe the nature of this grant request

I certify that the attached requested grant: (1) will only be used for the purpose stated in the application, (2) will not be used for any political campaign or effort to promote legislation, and (3) will not be used for religious purposes or to promote a religion:

Amount of request (dollars): _____ **Date Submitted:** _____

Signature: _____

Printed Name: _____

Required: Madison West Kiwanis Sponsor Name: _____

NOTE: On the following pages, limit your responses to the space provided. Do not include attachments.

1. Describe how this grant will enhance educational, developmental, safety or recreational opportunities for Madison area youth.

2. Describe how this grant will assist a person or persons who are particularly worthy and/or in actual need of assistance or opportunity.

3. Describe how this grant will assist a person or persons who have demonstrated a likelihood of actually realizing the claimed benefits.

4. How will achievement of the benefits be measured?

5. To what degree, and how, will the support of Madison West Kiwanis for this grant be recognized within the community?

Grant Applications should be mailed to: Arlin Brannstrom
7310 Farmington Way
Madison, WI 53717