

Alpine Kiwanis Grant Application / Evaluation Form

AK Use Only

Requesting Organization Required Information:

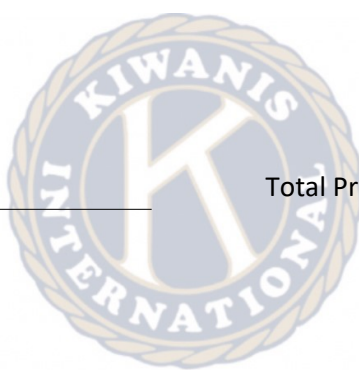
Req. No. _____
Action Taken _____

Date of Request: _____
Organization / Agency: _____
Address: _____
City: _____ State _____ Zip _____
Contact Person: _____ Title: _____
Phone: _____ Email: _____

Organization Not for Profit Status:

Illinois registered 501c3 organization? Yes _____ No _____
Other not for Profit registered Organization? 501(c) _____
Organization Mission Statement: _____

FEIN No. _____



Requested Grant Amount \$ _____ Total Project Budget \$ _____

Other sources of funding for the project:

Grant Request Detail:

New Program _____ Program Expansion _____ Improved Facilities _____
Continuing Program Funding _____
Other: _____



Project / Program Description:

What is the Program / Project Goal and expected Results?

Funding Period Requested

Project / Program Planned Start Date: _____
Project / Program Planned Finish Date: _____
Funding period for continuing Program: _____

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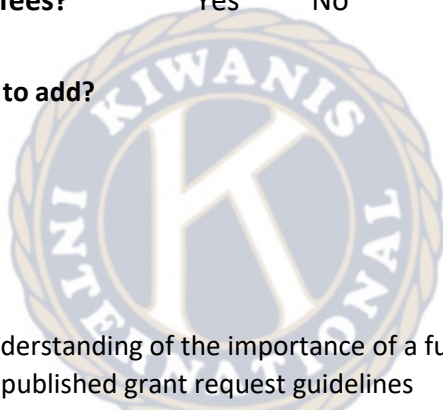
What is the expected number of persons that will be served by the Project or Program over the requested funding period?

Group	Quantity
Children	
Special Needs	
Elderly	
Veterans	

Will the Project / Program serve local individuals? Yes No

Will the participants served pay any fees? Yes No Fee \$ _____

Is there any information you would like to add?



Verify with a "yes" your organization's understanding of the importance of a future progress report based on Alpine Kiwanis' published grant request guidelines Yes No

Does the organization have the capability to provide volunteer support for Alpine Kiwanis Brat Days event if requested? Yes No

Mail or Email Application to Alpine Kiwanis via the directions on the AlpineKiwanis-IL.com website.

For Alpine Kiwanis Use

Evaluation Comments/ Recommendations:

Recommend Funding: Yes Amount \$ No

Reviewed By:

Date Reviewed: