

**Kiwanis Club of Downtown Madison**

**Robert and Carroll Heideman Community Service Grant**

***The Guiding Principles of Kiwanis International***

**To give primacy to the human and spiritual values of life**

**To encourage daily living of the Golden Rule**

**To promote higher social, business and professional standards**

**To develop a more intelligent, aggressive and serviceable citizenship**

**To provide a means for forming enduring friendships and building a better community**

**To cooperate in creating idealism that promotes justice and patriotism**

In keeping with the Kiwanis Club of Downtown Madison’s long history, its guiding principles and its dedication to the ideals of community service, the Club offers two annual Community Service Grants to support nonprofit organizations and agencies that

1. have a past record of excellence or demonstrated potential for success;

2. propose or demonstrate a thoughtful, creative, and practical response to critical

 community needs.

Nonprofit agencies meeting the above qualifications can apply for support for new or

on-going projects/programs. Grant funds should be used to support a specific program, not for general operating funds. Preference will be given to projects that demonstrate the ability to sustain the project/program after the award year has ended, as well as to those that focus on people, rather than equipment.

+The grant amount of **$2,500** each is presented to two awardees annually.

+ The 2017 grant application must be postmarked no later than **July 8, 2017.**

+ Nonprofits may receive the award no more than once in any three-year period.

+ Applicants will be notified of their acceptance or rejection by early September.

+ The Awards Banquet is scheduled for the evening of Monday, October 3, 2017.

+ The 2017 recipients will be expected to give only brief remarks at that time, but will

 be asked to make a half-hour presentation at a weekly club meeting, dates to be

 determined.

Please complete the accompanying application form and send seven copies to

**Kiwanis Club of Downtown Madison**

**c/o Carroll Heideman**

**518 Caldy Place, Madison WI 53711**

or send a single copy to **caheideman@gmail.com** **.**

If you have additional questions regarding the application or the award, please call **Carroll Heideman** at **(608) 274-1578** or e-mail her at**caheideman@gmail.com**



**Kiwanis Club of Downtown Madison**

**Robert and Carroll Heideman Community Service Grant**

Application Submitted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Application No.\_\_\_\_\_\_\_\_

 (date) (will be supplied by Kiwanis)

Documents needed:

1. A copy of your Internal Revenue Service tax-exempt determination letter
2. Your most current organizational income and expense budget
3. Your most recent annual report, if available
4. Proposed project budget

Mail **SEVEN** copies of application, budget, and attachments by USPS to

**Kiwanis Club of Downtown Madison** or send one copy by e-mail to

**c/o Carroll Heideman** **caheideman@gmail.com**

**518 Caldy Place, Madison WI 53711**

**SEVEN copies are required to be considered for the award if sent by USPS.**

We ask that **NO additional materials** be sent**.**

Please keep to the given margins and spacing.

Only one application per organization will be accepted.

Application must be postmarked no later than **July 8 2017.**

The review committee will make its decisions by early September.

Complete the following organization information:

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name - Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title – Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Organization Mission Statement**

**2. Organization History and Goals**

**3. Purpose and objectives of program/project for which Kiwanis funds are being sought.**

 **Explain why the project is needed and the impact it will have on our community.**

1. **List and describe the program/project activities that will take place during the course of the grant period -- October 2017 through September 2018.**

**5. Estimate the number of individuals that will be served by and benefit from the project.**

 **Please estimate the cost and benefit of the project for each individual.**

1. **How will you evaluate the success of the proposed program or project?**

1. **Budget (see Addendum: Sample Budget). On a separate page, submit a line-item budget, which details all expenses and all revenues, both those from Kiwanis and from other sources, if applicable.**
2. **What impact will Kiwanis funds have on the project?**

**9. How will the project be sustained after the award year is ended?**

1. **How will the Kiwanis Club of Downtown Madison be acknowledged?**

This application must be signed by the Chief Executive Officer or the President of the Board of Directors.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To repeat, please attach **SEVEN** copies of each of the following if sent by USPS

 or send one copy each, if sent by e-mail:

 1) IRS Certification of nonprofit status

 2) Operating organizational budget for the current year

1. Annual report (if available)

4) Projected budget for the Kiwanis award

Thank you for your interest in the Kiwanis Club of Downtown Madison

 Robert and Carroll Community Service Grant.

**Addendum:**

**SAMPLE BUDGET FORMAT**

List all sources of income and all expenses related to the proposed project or program.

Indicate the **amount of funds requested from Downtown Kiwanis and those requested from other sources.** Note whether funds from other sources have been received or are anticipated.

 **Expenses Amount**

Salary and Benefits:

Program Manager

 $ hr x hrs/wk x #wks or

 total salary & benefits $0.00

 x % time on project

Space $0.00

Supplies $0.00

Postage/Photocopying $0.00

Equipment purchase/rent $0.00

Transportation/Travel

Other expenses (list) $0.00

**TOTAL PROJECT EXPENSES** $0.00

**Revenues**

**Mark funds secured S or anticipated A**

**Kiwanis Club of Downtown Madison** A $0.00

Other (Name) S $0.00

Other (Name) A $0.00

In-kind contributions S $0.00

Project/Program Revenues or Fees A $0.00

**TOTAL PROJECT REVENUES $0.00**

**Total project Expenses must equal total project revenues.**