

KY-TN District Kiwanis Foundation
HEARING IMPAIRED GRANT
Application Form

Date Received:	_____
Action Taken:	_____
(Foundation use only)	

Project Name: _____

Club Name: _____ Number: _____ Division: _____

Contact Person/Title: _____ / _____

Address: _____

City, State, ZIP: _____

Phone: _____ email: _____

Website URL: _____

Budget for current Fiscal Year: \$ _____ Revenue \$ _____ Expenses

Has your club and/or member contributed to the KY-TN District Kiwanis Foundation during this fiscal year?

Yes

No

Project Information:

Amount Requested: \$ _____
(Not to exceed \$1000.00)

Project Description: (include how grant money would be used, if approved)

Attach a copy of this project's budget including any additional funding your club may receive to support it.

Describe who will be affected by this project (100 words or less).

What geographical area is served (50 words or less)?

Partner(s): (if applicable)

Organizational Name: _____

Contact Person/Title: _____ / _____

Address: _____

City, State, ZIP: _____

Phone: _____ email: _____

Attach a copy of partner's budget, last audit summary page, and mission statement.

FOR CLUBS PARTNERING WITH NON-PROFIT ORGANIZATIONS IN THE U.S.:

Please provide a separate description of that non-profit organization (50 words or less).

Please attach a copy of the Internal Revenue Service tax exemption form as a 501(c) (3) which will indicate that it has proper liability insurance to indemnify the KY-TN District Kiwanis Foundation and provide a copy of its last audit.

If your club is a 501 (c)(3) organization and partnering with another tax exempt organization, please provide proof from your club, if you have it, and/or the partnering organization. Both documentations are required.

Deadline for submitting application: August 31
Deadline for decision notification: December 31

REMINDER: Maximum grant request should be no more than \$1000.00.

Date Submitted: _____

Signed by:

President

Title: Project Chairperson

(Signature of President or Project Chairperson)

(Print Name)

Return completed application and attachments to:

KY-TN District Kiwanis Foundation
c/o Executive Director
1035 Strader Drive, Suite 150-1
Lexington, KY 40505

Rev: 3/20/2015