



Kiwaniis
LaMissTenn Foundation

2014-2015 AED Grant Application

All 2014-2015 grant applications in support of the La.-Miss.-W.Tenn. District's Major Emphasis Project - placing Automated External Defibrillators (AEDs) in Schools - must be submitted to the La.-Miss.-W.Tenn. Kiwanis District Foundation on this form. Supplemental sheets may be used, if necessary.

- The La.-Miss.-W.Tenn. Kiwanis District Foundation offers \$500 grants to assist clubs with the District Project, i.e., placing AEDs into schools. Clubs wishing to submit a grant application for a facility other than a school should use the Community Service Grant Application form instead. Kiwanis Clubs may only apply for one AED Grant per Kiwanis Year.
- The La.-Miss.-W.Tenn. District Foundation Board of Directors will accept 2014-2015 AED Grant Applications until July 1, 2015. The District Foundation Board will not meet after the District Convention to review new grant applications for the 2014-2015 Administrative Year.
- NOTE: Incomplete applications may be returned and delay the grant approval process.

This Grant Application is submitted by the Kiwanis Club of:

For assistance with the donation of an Automated External Defibrillator (AED) to the following school:

Primary Club Contact for this project:

Name: _____

Phone: _____ E-Mail: _____

I _____, Club President, hereby certify that the following criteria have been met by our Kiwanis Club, and respectfully request the La.-Miss.-W.Tenn. Kiwanis District Foundation Board approve this AED Grant Application.

- By official action of our club's Board of Directors, approval to submit this request was taken at the Board Meeting held on _____.
- Our Kiwanis Club is in good standing with the La.-Miss.-W.Tenn. Kiwanis District Foundation, having contributed at least \$5 per member to the 2014-2015 Annual Club Giving Campaign, on _____, in the amount of \$_____. (Check # _____)

An AED is being provided to the school named above as outlined below:

- An AED was purchased on _____, for the school. A copy of the invoice and proof of payment is enclosed with this application for verification for reimbursement.

OR

- An AED will be ordered for this school **within the next 90 days**. A copy of the invoice or proof of payment will then be forwarded to the La.-Miss.-W.Tenn. Kiwanis District Foundation for reimbursement.

NOTE: BOTH SIGNATURES REQUIRED:

2014-2015 President:

Name: _____ Signature: _____ Date: _____

Daytime Phone: _____

2014-2015 Secretary:

Name: _____ Signature: _____ Date: _____

Daytime Phone: _____

FOR DISTRICT FOUNDATION USE ONLY. DO NOT WRITE IN THIS BOX!

AED GRANT APPLICATION RECEIVED: ___/___/20__.

DATE OF DECISION: ___/___/20__.

DATE OF NOTIFICATION: ___/___/20__.

FOUNDATION BOARD DECISION:

APPROVED

NOT APPROVED

GRANT COMMITTEE MEMBER CONTACT: _____



Louisiana-Mississippi-West Tennessee Kiwanis District Foundation

Kiwanis District Office • 5319-B Didesse Drive • Baton Rouge, LA 70808-6401 • (225)769-9233 • mail@lamisstenn.org