



Kiwaniis
LaMissTenn Foundation

2017-2018 AED Grant Application

All 2017-2018 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 \$750 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 may also use this form. Kiwanis Clubs may only apply for one AED Grant per Kiwanis Year.
- The La.-Miss.-W.Tenn. District Foundation Board of Directors will accept 2017-2018 AED Grant Applications until July 1, 2018, or until budgeted funding is depleted.
- 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 2017-2018 Annual Club Giving Campaign, on _____, in the amount of \$_____. (Check # _____)

An AED is being provided to the school (named above) as stated 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:

2017-2018 President:

Print Name: _____ Signature: _____ Date: _____

Daytime Phone: _____

2017-2018 Secretary:

Print 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

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