



Applications for Mini Matching Grants

Date Rec'd _____

(For requests of \$500.00 or less)

Date Forw'd _____

Mini Matching Grant Application Deadlines are Jan. 31, April 30, July 31, Oct. 31

SEND TO OHIO KIWANIS FOUNDATION PO. BOX 668 Circleville, Ohio 43113

Sponsor Kiwanis Club _____

Address _____

Contact Persons Name _____

Contact Persons Title _____ Phone # _____

Organization Name _____

Is this organization tax-exempt _____ Tax Number _____

Attach Tax-exempt letter _____ Verified _____

Project Title and Brief Description _____

Individual Group to be Benefited _____

Total Project Cost _____ Size of Group _____

How Much Is the Sponsor Kiwanis Club Contributing to the Project _____

Amount requested from Foundation. (up to \$500.00 in matching grant) _____

Club President: _____ Date _____

Signature _____ Date _____

Recommendation from Foundation Board: _____

Date Approved: _____ Amount _____ Date _____

Signature _____ Date _____