

OHIO DISTRICT KIWANIS FOUNDATION, INC.

GRANT APPLICATION INFORMATION

GUIDELINES FOR GRANT APPLICATION PROCESS

(If submitting hard copy, please type or print in black ink or complete form online at odkf.org)

Applications must be postmarked no later than...

October 31st for December Funding

March 31st for May Funding

June 30th for August Funding

Application must include completion of the Grant Application Form and Description of Project to include the following information:

- SUBMIT LETTER FROM SPONSORING KIWANIS ORGANIZATION DESCRIBING THEIR COMMITMENT TO THE PROJECT
- PROVIDE STATEMENT OF OVERALL PROJECT BUDGET INCLUDING INCOME AND EXPENSES INDICATING HOW GRANT FUNDS WILL BE USED ON THE PROJECT
- SUBMIT COPY OF MOST RECENT FINANCIAL STATEMENT FOR THE PROJECT AS WELL AS THE KIWANIS CLUB'S FINANCIAL STATEMENT SHOWING THEIR COMMITMENT IF APPLICABLE
- SUBMIT A COPY OF THE ORGANIZATION TAX ID NUMBER ALONG WITH A COPY OF THE ORGANIZATIONS IRS TAX DETERMINATION LETTER

ALL PROPOSALS MUST BE SUBMITTED BY THE DEADLINE TO:

HARDCOPY

Ohio District Kiwanis Foundation
c/o Grants Committee
PO Box 668
Circleville, OH 43113

EMAIL

grants@odkf.org

ODKF GRANT APPLICATION FORM

DATE _____

CHECK ONE

_____ APPLICATION FOR KIWANIS SAFE AND HEALTHY KIDS

_____ APPLICATION FOR CHILDREN/COMMUNITY PROJECT

SPONSORING OHIO DISTRICT KIWANIS ORGANIZATION _____

SIGNATURE OF KIWANIS ORGANIZATION PRESIDENT

INVOLVEMENT OF KIWANIS FAMILY CLUB (Volunteers and Funding for this project)
Include volunteer time and funding.

NAME OF ORGANIZATION RECEIVING GRANT

PURPOSE OF ORGANIZATION

TAX ID NUMBER OF ORGANIZATION _____
(INCLUDE A COPY OF ORGANIZATION IRS TAX DETERMINATION LETTER)

NAME OF CONTACT PERSON OF ORGANIZATION TO RECEIVE GRANT:

(Print) _____

(Signature) _____

TITLE: _____

ADDRESS _____

City _____ Zip _____

TELEPHONE: _____

EMAIL _____

TOTAL AMOUNT REQUESTED: _____

WHO SHOULD CHECK BE PAYABLE TO:

TOTAL PROJECT COSTS _____

ANTICIPATED START DATE: _____

ANTICIPATED COMPLETION DATE _____

Have you submitted a request(s) to any other funding sources for this same project?

Yes___ No___

If so, when and to whom

PROJECT DESCRIPTION/PURPOSE/ SUMMARY (Please complete the following)

- What is the purpose of the project?

- What are the Project Goals?

- How you will accomplish the goals of the project?

- Who and how many will benefit from the project?

- What are the plans to continue the project after the grant period?

- How you will provide feedback to us on the success of the project?

- What will be the impact on the project if your grant request is approved for a lesser amount than requested?

By submitting and becoming approved for an Ohio District Kiwanis Foundation grant you agree to provide a follow up of the project success. This will include but is not limited to a description of the project success, summary of who was involved, and 2-3 photos of the project.

All application materials and follow up information and photos become the property of the Ohio District Kiwanis Foundation. The application and support information will be shared with the grants committee and the ODKF Board. All information will be held in ODKF files for at least three years after application date.

All grants awarded are subject to audit.