



Grant Application

Contact Information

Full Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: _____

Email: _____

Organization Information

Organization Name: _____

President/Executive Director: _____

Phone: _____

Email: _____

Best Contact Person at Organization (if different than above): _____

501 (C)(3) : YES or NO Year Established: _____

Total # of Staff Members: _____

Total # of Volunteers _____

Yearly Operating Budget _____

Organization Mission Statement:



Grant Application

Request

Proposal Request:

Request Amount: _____

What is the overall budget for this program? Please include what percentage of funding you are requesting from the Steel City Kiwanis as well as a breakdown of any other funding sources. If your organization is not providing funds towards this project, please provide an explanation as to why your organization will not contribute directly.



Grant Application

How will this specific project impact children in our community? Please include how many children will be served, how you will identify the children, etc.

How will you evaluate the success and impact of your program?



Grant Application

Will this project include partnerships with other organizations in our community? Please describe.

How will you use the funding from the Steel City Kiwanis Club to increase awareness of your organization, as well as the Club? Please include how the Steel City Kiwanis club will be recognized.

Does your organization have any possible conflict of interest with any of our members? If so please list names/relationship

How did you hear about Steel City Kiwanis? _____

Signature: _____

Date: _____