



Kiwaniis[®]

TRAVERSE CITY

KIWANIS FOUNDATION OF TRAVERSE CITY
PO Box 864
TRAVERSE CITY, MI 49685
EIN #38-3222920

Grant Application Cover Sheet

Date of Application:

Legal name of organization:

EIN: Current Total Operating Budget: \$

Phone Number: E-mail Address:

Address:

City/State/Zip:

Contact Person/title:

Chairperson:

List any previous support from Kiwanis Foundation of Traverse City in the last 5 years:

Project Name:

Purpose of Grant (one sentence):

Dates of the Project:

Total Project Cost: \$ Amount Requested: \$

Name and Title of Authorized Official

Date



Project Description

Statement of Need/Description of Problem:

What specific benefits do you expect will be received through this project?

What project evaluation methods are planned or in place?

Will the project proceed if this grant is not received, in whole or part?

Service Area and Population Served

How many people will be served in the time period of this project?

Geographic Area Served:

Are any Kiwanians involved in project and are there volunteer opportunities for Kiwanis Club members?

Note: If you receive financial assistance from the Kiwanis Foundation of Traverse City, you will be required to submit a brief narrative report on the use/benefits of funds within 12 months of receipt. There also may be a request for a presentation of program to Kiwanis Club monthly meeting.



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Grant Budget

A. Expenses

| | Amount requested from Kiwanis Foundation. | Total project expense. |
|------------------------------------|---|------------------------|
| Staffing | | |
| Equipment | | |
| Supplies | | |
| Professional Fees/Outside Speakers | | |
| Printing/Copying/Postage/Delivery | | |
| IT/Technology | | |
| Scholarships | | |
| Rent | | |
| Utilities | | |
| Evaluation | | |
| Marketing | | |
| Other: | | |
| Total | | |

B. Revenue

| Specify below the other sources and amounts that will contribute to the total project cost. | |
|---|--------|
| Source | Amount |
| | |
| | |
| | |
| | |