



KIWANIS CLUB OF ROCK ISLAND

GRANT REQUEST FORM (Please Print or Type)

1. Name, Address and Phone Number of the Requestor Organization

2. Tax Exempt Status

3. Project Title

4. Amount Requested

5. List any other Grantors to whom this request has been submitted and if known indicate if the Request has been approved

6. Project Description (*Use Additional Page if Necessary*)

7. Project Implementation Date

8. If the project serves Youth, how many Children will be served and what ages?

9. Submit the Budget for this PROJECT on a separate sheet indicating all income and expenses.

9B. Specifically, how will this Project use funds if awarded.

10. How would your organization publicize this Grant?

11. List the names of Kiwanis Club of Rock Island members who serve on the staff or volunteer for the requestor organization.

12. Signature:_____ Title:_____

13. Name, Address and Telephone and E-Mail address of contact person for this Project

PLEASE SUBMIT GRANT REQUEST TO:

Kiwanis Club of Rock Island - P.O. Box 3434 - Rock Island, IL 61204-3434

One additional page in addition to the Budget may be submitted with the Grant Request Application.

Failure to complete this Form in its entirety, including the submission of a Project Budget, may result in the denial of the Grant Request.

Applicants will be notified of the decision of the Kiwanis Club Board of Directors promptly following the application deadline.

Successful applicants are expected to attend a Kiwanis Club of Rock Island meeting to receive their award.

For Kiwanis Use Only:
Requestor Organization-----

Project Title-----

Postmark Date of Request-----

Grant Request Received By-----

Grant Committee Recommendation:

Board of Directors Action:

Date:_____

Original: 03-18-2008

Revised: 01-15-2013; 10-15-2015