



## 2017– 2018 Mini-Grant Program (up to \$500)

Division: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Club: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

- Describe the current project for which you are requesting funding:
  
- What goods or services will the funds be used to supply:
  
- Is the Club contributing to the project? If yes, in what way? If no, why?
  
- What is your Club's current Charities Budget? \_\_\_\_\_
- Number of Sustaining Members in your Club? \_\_\_\_\_
- Current year support of the Florida K Foundation? (\$) \_\_\_\_\_

By signing below, you certify that you support the requested Mini-Grant application being requested. Please add additional any comments that you feel are pertinent on a separate page and attach to this application form.

\_\_\_\_\_  
Club President

\_\_\_\_\_  
Foundation Trustee

Send Check to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Application Received: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

APPROVED: \_\_\_\_\_  
Bill Ricigliano, President

Date: \_\_\_\_\_

Amount: \$ \_\_\_\_\_