



**David and Donna Batelaan Fund  
Service Leadership Programs  
Aktion Club Grant Application**

Name of Service Leadership Club: \_\_\_\_\_

Name of Sponsoring Kiwanis Club: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Day/Cell ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Relation of Contact: \_\_\_\_\_

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

Name of Project: \_\_\_\_\_

Cycle of Application (circle): October through March, April through September

Date of Application: \_\_\_\_\_

Purpose of Project (500 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is this project important to your Service Leadership Program/Club? (500 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of beneficiaries of proposed project: \_\_\_\_\_

How was this calculated?

\_\_\_\_\_  
\_\_\_\_\_

Total number of beneficiaries of proposed ages: \_\_\_\_\_

How was this calculated?

\_\_\_\_\_  
\_\_\_\_\_

Budget Request \$ \_\_\_\_\_ Total Budget \$ \_\_\_\_\_



Please itemize expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Has this project already occurred? \_\_\_\_\_

Service Leadership Club President Approval: \_\_\_\_\_

Sponsoring Kiwanis President Approval: \_\_\_\_\_

Kiwanis Lt. Governor Approval: \_\_\_\_\_

Foundation Division Trustee Approval \_\_\_\_\_

Please submit completed application to:

Florida Kiwanis Foundation  
1001 Mayport Road #331433  
Atlantic Beach FL, 32233  
Email: [info@Floridakiwanisfoundation.org](mailto:info@Floridakiwanisfoundation.org)

**Deadline for submission: December 15 and June 15**