



**David and Donna Batelaan Fund
Kiwanis Clubs and Divisions
Grant Application**

Name of Kiwanis Club: _____

Name of contact person: _____

Address of contact: _____

City: _____ State: _____ Zip: _____

Phone: Day/Cell () _____ () _____

Email: _____

Division #: _____

Name of project: _____

How does this project support leadership development and or inclusion for young people with physical disabilities? (500 words or less)

Purpose of Project (500 words or less):

Who will have access to this project? (Students, parents, all public community, etc.)

Total number of beneficiaries of proposed ages: _____

How was this calculated?

Budget Request \$ _____ Total Budget \$ _____

Please itemize expenses:

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



_____ \$ _____

Has this project already occurred? _____

Club President Approval: _____

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

Deadline for submission: December 15 and June 15