



Matching Grant Application

Section 1: General and Contact Information

Name of Kiwanis Club: _____

Name of contact person: _____

Address of contact: _____

City: _____ State: _____ Zip: _____

Phone: Day/Cell () _____ () _____

Email: _____

Name of project: _____

Division: _____

Is this a Division Project?

Section 2: Program Information

A. Description:

B. Attach additional pages including detailed project description, schematics, pictures, and publicity that support the project/ project need. List the items being attached.

C. Grant Request: (\$) _____

Requested	Received	Sources	Estimated Total
		Fed, St, County, City	\$
		Other	\$
		Grants	\$
		Private Donations	\$
		Kiwanis International	\$
		Club/Division Contribution	\$
		Shortfall (if any)	\$
		This Grant Request	\$

D. How will the project benefit the community and/or its youth?:

E. Complete Expense Section Below:

Paid	Expense Item	Total
	Real Estate	\$
	Bldg materials	\$
	Landscape/Fence materials	\$
	Equipment rental	\$
	Fees to licensed contractors	\$
	Vehicles	\$
	Long term equip (5+ yrs)	\$
	Specialty equip & tools	\$
	Furniture	\$
	Office Supplies	\$
	Print & Media expenses	\$
	Wages, salaries	\$
	Admin expenses	\$
	License/Permits	\$
	Other (details)	\$
	Total Expenses	\$

*Total expenses should equal project total above

F. Who will retain ownership of completed project and who will maintain the project in future years?

G. Projects associated with funded agencies. *If the project receives funding from any government entity, list entity and amount received. (If none, state "none". Do not leave blank.)*



H. Explain why requested funds are needed if there are other funding sources.

I. Can the project proceed without this grant funding?

J. Will this grant be used to obtain matching grants from other sources? If so, give details.
(Matching grants must be included in the budget summary on page 1 of this application)

Section 3: Application Information

A. Club Membership:(If a Division Project, enter the number of clubs) _____

B. What is your Club's current Charities Budget? _____

C. Number of Sustaining Members in your Club? _____

D. Current year support of the Florida Kiwanis Foundation? (\$) _____

E. Enter Contribution to Annual Funds:

Year	Florida District	International
Current year		
Last Year		
2nd Prior Year		

F. Grant Application History:

Items	Provide dates (mm/yy)
Other project - applied & approved	
Other project - applied & rejected	
Other project - applied & deferred	
Current project - applied & rejected	
Current project - applied & deferred	

***If more than one grant application has been approved, give the date for the most recent application. Currently, clubs are only eligible for grants every 5 years.**

G. Club service budget total: _____

H. Percentage of budget for this project: _____

I. Club/Division Contribution: _____

J. Status of Club Contribution: On hand___ Yet to be raised___

If funds have yet to be raised, estimated date to receive: _____ (mm/yyyy)



K. Project status: Circle one option below

New/ Not started, New /Not complete, New /Completed, Continuation/Replace Items,
Continuation/Upgrade Items, Continuation/ Expand Scope

L. How will the project be funded in future years?

M. The amount of the grant request should not be more that the combined money and in-kind contributions made by the club or division or more than one-half of the total budget of the project. Does this align with your request?

N. Have the matching funds been raised?

By signing below, you certify that you support the requested Matching Grant application being requested.

Club President Name: _____

Club President Signature: _____

Foundation Division Trustee Approval: _____

Foundation Division Trustee Signature: _____

If this grant is awarded, what is the legal entities name? _____

Checks are sent to the Division Trustee unless otherwise specified.

Send Check to:

Date Application Received: _____

Amount Requested: _____

Approved: _____

Amount:\$ _____

Date: _____

Florida Kiwanis Foundation President Signature: _____

Please submit completed application to:

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