



Wil and Rachel Blechman Fund Grant Application

Name of Kiwanis Club: _____

Name of contact person: _____

Address of contact: _____

City: _____ State: _____ Zip: _____

Phone: Day/Cell () _____ () _____

Email: _____

Division #:

Name of project: _____

Which domain (physical; social, emotional; cognitive; language, including early literacy) of healthy child development for ages 0-5 years does your project support?

How does this project support this healthy domain?

Purpose of project (500 words or less):

Total number of children ages 0 – 5 who will benefit from this proposed project: _____

How was this number calculated?

Budget Request \$ _____ Total Budget \$ _____

Please itemize expenses:

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



_____ \$ _____

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