**KANSAS KIWANIS FOUNDATION, INC.**

**Kiwanis Club Application for Grant to Benefit Tax Exempt Organization**

**POSTMARKED by Wednesday, MAY 15, 2024**

**Please print**

**Kiwanis Club Submitting Grant Application / Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Information below is regarding Tax Exempt (TE) Organization to Receive Grant:

TE Organization Legal Name

TE Organization Address

 Street City ST Zip

TE Organization’s Contact: Name Title

TE Organization Tax ID Number: Email:

***Attach Organization’s IRS Determination Letter showing 501(c)3 Tax Exempt Status (must be current).***

Project Title and Brief Description

Geographic Area to be served:

Individual Group to benefit: Size of Group:

Anticipated project period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Cost: $ Amount Requested from Foundation: $

Type of Request: \_\_\_\_\_ Capital \_\_\_\_\_ Operating Support \_\_\_\_\_ Special Project

Amount and source of pledges/commitments to date: $

Other Funding Sources (and amounts) applied to for this project:

**CLUB CERTIFICATION:** By affixing our signatures below, we have reviewed the application and ascertained that all of the following are true and correct to the best of our knowledge and all necessary documents are attached.

* Club Name/Town & Contact Information
* Tax Exempt Organization Name, Contact Information & FEIN
* Tax Exempt Organization’s 501(c)3 IRS Determination Letter attached

Signature (Club President) Signature (Club Secretary) Date