



Kiwanis[®]
CLUB OF PALMER TOWNSHIP

Palmer Township Kiwanis
Club and Foundation
Grant Application

Organization Name:

CEO/President/Executive Director:

Street:

City:

State:

Zip Code:

Telephone Number:

Email Address:

Website URL:

Contact Person & Title:

Contact Person's Phone:

Email Address:

Is your organization an Internal Revenue Service (IRS) registered non-profit or public tax-exempt?

Yes

No

If so, what is your tax ID or EIN Number?

Organization's Mission:

Grant amount requested:

Name of program/project the grant will fund:

How many children will be served by this program/project:

Brief Description of program/project:

Identify the measureable goals to be achieved by this program/project:

How will you know if the program/project is successful?

How will you market and identify that the Kiwanis Club of Palmer Township has funded/partically funded this project/program?

Do any Palmer Kiwanian's currently volunteer with or serve on the Board of your Organization?

Yes No

If so, please provide full name(s) of Palmer Kiwanis members (s) and affiliations with your organization.

Does you organization promote/run/or participate in any community activities? Yes No

If yes, please list below:

Signature:

Date:

Please provide details of the program budget, whether or not other funders have been approached and the details of any funding already received. Please attach supporting documentation.