



ROCK ISLAND
Kiwaniis[®]

Serving the Children
of the World,

**One Child,
One Community
At a Time**

**KIWANIS CLUB OF ROCK ISLAND
GRANT REQUEST FORM (please print of type)**

1. Name, address, email and phone number of the requestors organization
2. Tax Exempt Status
3. Project Title
4. Amount Requested
5. List any other grantors to whom this request has been submitted and if known, indicate if the request has been approved.
6. Project description (use 1 additional page if necessary)
7. Project implementation date
8. If the project serves youth, how many children will be served and what ages?
9. Submit the budget for this project on a separate sheet indicating all income and expenses.
- 9.B. Specifically, how will the project use these funds if awarded?
10. How would your organization publicize this grant?

11. List the names of Kiwanis Club of Rock Island members who serve on the staff or volunteer for the requestor organization.

12. Signature: _____ Title: _____

13. Name, address, email and phone number of contact person for this project.

PLEASE SUBMIT GRANT REQUEST TO:

Kristi Crafton - Kristi.Crafton@habitatqc.org

One additional page in addition to the budget may be submitted with the grant request application.

Failure to complete this form in its entirety, including the submission of a project budget, may result in the denial of the grant request.

Applicants will be notified of grant decisions in April.

Successful applicants are expected to attend the grant award presentation meeting to receive their award (held on last Monday of April) and are expected to acknowledge their grant award.

For Kiwanis Use Only:

Requestor Organization: _____

Project Title _____

Postmark date of request _____

Grant request received by _____

Grant Committee recommendation: _____

Board of Directors Action: _____ *Date* _____

Original: 03-18-2008

Revised: 01-15-2013; 10-15-2015; 1-16-2018 ; 9-30-19