



Kiwaniis[®]

CLUB OF BETHESDA

DATE: _____

Applicant Information

Name of Organization: _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

Year Established: _____ Financial Year End: _____ Incorporated as Non-Profit? Yes or No

EIN#: _____ No of Volunteers: _____ No of Staff: _____

Primary Contact Person: _____ Telephone: _____

Email: _____ Is this grant used for children? Yes or No

Alternate Contact: _____ Telephone: _____ Email: _____

Grant Request

Amount Requested: _____

Please note that grants may be approved at a lesser amount than requested or approval may be given for only a specific part of a request.

Project Summary (brief description below is REQUIRED or provide a typed description)

Did you receive a grant last year? _____ If so please answer the following questions.

1. Did you attend a Kiwanis lunch and provide a speaker for the meeting? _____
2. How did you publicly acknowledge Bethesda Kiwanis? _____
3. Have you considered membership to the Bethesda Kiwanis Club? _____

This application MUST be signed by the primary contact or alternate contact person acknowledging that information provided is accurate, complete and endorsed by the organization that you represent and you agree to provide full accounting of any monies granted.

Expectations if granted: Grantee agrees to attend a Kiwanis Lunch meeting to receive grant funds, provide speaker for a lunch meeting, publicly acknowledge Bethesda Kiwanis, and consider membership in our club.

Primary or Alternate Name: _____ Signature: _____ Date: _____

Please submit application to kiwanisclubofbethesda@gmail.com by December 31st.

DATE RECEIVED: _____ MEMBER RECEIVED APPLICATION: _____