

## Mini Grant Application (Grants awarded up to \$750)

Name of Kiwanis Club:			
Kiwanis Club EIN:			
Please indicate your club's nonprofit	organization state	c, 501c (3)(4)(5)	j):
Name of contact person:			
Address of contact:			
City:		State:	Zip:
Phone: Day/Cell ( )			
Email:			
Name of project:			
Describe the current project for which			d how it will benefit the
community and/or its youth:	<b>J</b>	0 0,	
What goods or services will the funds	s be used to supply	y: <b>Who will b</b> e	enefit and how? List ages
and number of beneficiaries.			
Is the Club contributing to the project	?? If yes, in what y	way? If no, wh	y? Has your club
previously participated in this proje	ect? If yes, then	why are you r	equesting funds this year?
What is your Club's current Charities	Budget?		
What is your Club's current members			
Number of Sustaining Members in yo			
Current year support of the Florida Ki		n? (\$)	
Requested Grant Amount? (\$)			



By signing below, you certify that you support the requested Mini-Grant application being requested. Please add additional comments that you feel are pertinent on a separate page and attach to this application form.

Club President Signature:

Foundation Division Trustee Signature:

Checks are sent to the Division Trustee unless otherwise specified.

Send Check to:

Date Application Received: \_\_\_\_\_\_Amount Requested: \_\_\_\_\_\_Approved: \_\_\_\_\_\_Amount:\$\_\_\_\_\_Date: \_\_\_\_\_President Signature: \_\_\_\_\_

Please submit completed application to:

Florida Kiwanis Foundation 1001 Mayport Road #331433 Atlantic Beach FL, 32233 Email:info@Floridakiwanisfoundation.org

## Mini grants applications are accepted all administrative year. Requests will be approved and granted until budgeted funds are depleted.