

GRANT APPLICATION

MISSION

The mission of the Kiwanis Club of Issaquah is to enrich the community and enhance the quality of life, with special emphasis on supporting and enhancing youth programs. Kiwanis strives to support those community projects and programs critical to the success of its mission.

FUNDING CRITERIA

Through community-based fundraising activities, Kiwanis provides grants that:

- Have a potentially high impact;
- Meet needs outside the responsibilities of traditional and institutional sources;
- Address emerging needs in the Issaquah community; and/or
- Form partnerships that help build a better community.

Kiwanis fiscal year begins October 1. Applications with the best chance to be considered for funding in the annual Kiwanis budget should be submitted no later than August 15.

Please provide the following information...

Organi	zation Name:	Contact Person:	
Mailing	g Address:	Email:	
Tax ID#		Phone:	
Date of Application Submission:		Amount Requested:	
	Existing Project		
	Emerging Needs		
	General Operating		
wiba tha	project or program in detail. Include t	he cost of the specific project or it	

- 1. Describe the project or program in detail. Include the cost of the specific project or item as well as the total budget for the project.
- 2. Describe specifics of who will benefit from this project?

3.	How many people in the Issaquah community will benefit from this project?		
4.	What other sources of funding are you seeking?		
5.	Describe how the project meets the Kiwanis mission and funding criteria noted above.		
6.	Include a copy of your organization's most recent IRS form 990 (only Part IX, Statement of Functional Expenses)		
	ubmit application to <u>president@issaquahkiwanis.org</u> or Kiwanis Club of Issaquah, PO Box 1111, saquah, WA 98027		
For Internal Use Only:			
Route this Application toCommittee			
	Request Reviewed on		
A	Amount Approved Status to Requesting Organization on		
St	tatus to Kequesting Organization on		