



Kiwanis Club of Anacortes Foundation

Grant Application Form

Any organization seeking financial support must be: (a) a Public Agency / Unit of Government, (b) an IRS 501(c)(3) non-profit organization, (c) a Washington State non-profit organization, or (d) a group seeking/receiving funding under the umbrella of one of the above.

This section for Kiwanis use only.

All Anacortes School District requests must be processed through the School District Office. The Foundation does not consider requests by individuals from within or on behalf of ASD. With the exception of Student Scholarships, the Foundation does not provide funding to individuals.

Deadline: Grant Applications must be received by the end of the month, for initial Committee & Board review during the following month. The earlier we receive them the better, to assure plenty of time for further research.

A) ORGANIZATION SEEKING FUNDING

Name:		
Address:		
City:	State:	Zip:
Phone:	Web site:	
Contact Person:	Title:	E-Mail:

B) PROJECT / PROGRAM TITLE: _____

Project / Program date or time frame _____

C) PROPOSAL INFORMATION

Please provide here or attach:	
Population to be served (e.g., senior citizens):	Number of individuals to be served:
	Geographic area to be served:

D) BUDGET INFORMATION

Grant amount requested: \$ _____ If time critical, funding is needed by: _____

Funds are needed for: Capital _____ General Operating support _____ Start-up costs _____

Project/program support _____ Other (explain) _____

Total Budget for this Project/Program:	\$
Funds available to date:	\$
Balance to be raised:	\$
Primary source(s) of current and future funding:	
Long term strategy (if applicable) for sustaining project/program funding:	

Has the Noon Kiwanis Foundation provided funding previously? Yes _____ No _____
 If yes, please provide recent amounts and years if known: _____

E) QUALIFYING INFORMATION This organization is (fill in all that apply):

- (a) a Public Agency / Unit of Government _____ (b) an IRS Non-profit _____ EIN # _____
- (c) a WA State Non-profit _____ UBI # _____
- (d) Using the following Non-profit Umbrella Organization:
 Name of Organization _____
 Address _____ Phone _____
 EIN or UBI# _____ Contact Person _____

F) MISSION STATEMENT

Please provide here or attach:

G) PAYMENT INFORMATION (If your project is selected for funding)

Make check payable to:
Mail to:
Address:

H) SUBMITTAL AUTHORIZATION

Name of Person Completing Grant Application: _____
 Title _____ Email and/or phone: _____
 Signature (not necessary if emailed): _____ Date Submitted: _____

Please email application to the Grant Coordinator: gc@anacorteskiwanis.org, or mail / deliver it to:

Kiwanis Thrift Shop
 420 "O" Ave.
 Anacortes WA 98221
 Attn: Grant Coordinator