



## KIWANIS CLUB OF GREATER PARSIPPANY

P.O. Box 5342, Parsippany NJ 07054

### GRANT APPLICATION

REQUESTING ORGANIZATION NAME: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Year Established: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

Scope of work or mission statement: \_\_\_\_\_

(Attach additional documentation if necessary).

Percent of annual budget spent on administration: \_\_\_\_\_

Spent on fundraising: \_\_\_\_\_

#### TAX INFORMATION:

Tax Id: \_\_\_\_\_ (Attach IRS exemption)

Status, check one: 501 C 3: \_\_\_\_\_ 501 C 4: \_\_\_\_\_ Other: \_\_\_\_\_ (Attach explanation)

PROJECT REQUESTING FUNDING: TITLE: \_\_\_\_\_

Attach Description of Project.

Time frame of project: \_\_\_\_\_

Total project budget: \_\_\_\_\_ Amount funded to date: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ When are funds needed: \_\_\_\_\_

How will project be publicized? \_\_\_\_\_

Does the project address the goal of Kiwanis to help change the world one child or one community at a time and does it benefit the residents of Parsippany?

(Please attach responses)

CONTACT/PREPARER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned hereby certifies that the information set forth in this application and supporting documents is correct to the best of his/her information and knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_