



Date:

Amount of Request:

ORGANIZATION INFORMATION

Legal Name:

Address:

Postal Code:

Website:

INDIVIDUAL RESPONSIBLE FOR THE APPLICATION

Name:

Title:

Address:

Postal Code:

Phone :

Email:

DESCRIPTION OF YOUR PROJECT (Please attach, if required)

How many participants are actively involved in your group?

How many community volunteers are involved in this Project?

What is the **Total Budget** for this project?

What time period will this grant cover?

From:

To:

What was your last request to the Medicine Hat Kiwanis Club?

When was it?

What was the amount?

EXPECTED SOURCES OF REVENUE RELATED TO YOUR PROJECT

Government Funding	Has this funding been approved yet?	Yes	No
Donations	How much have you raised to date?		
Other	Source of funds? (Please attach, if necessary)		
Request from Kiwanis	<i><u>NOTE: The total of these Sources must equal the Total Budget on page 1.</u></i>		

IMPORTANT BACKGROUND INFORMATION

What need in the community are you addressing?

What are the three most important outcomes of the project?

How will you evaluate and report on these outcomes?

How will you sustain the project after the first year?

Please feel free to add or attach anything else that may support your request.