

Kiwanis Club of Orillia – Grant Application

P.O. Box 184, Orillia ON L3V 6J3

Organization / Individual's Name(s):

Donation Request Amount:

Contact Person:

Phone Number:

Mailing Address

Address:

Email:

City:

Province:

Postal Code:

Are any members of Kiwanis Club of Orillia directly involved with organization?

Yes

Name(s):

No

Type of Organization and charitable registration number

Non-Profit

Registered Charity

Personal or Family

Other

Registration Number:

Outline the mission, purpose and objectives of your organization.

Are there other sources of revenue that will be used for this project? Include amounts that have been received or that are anticipated (other grants, private funding, etc.)

Anticipated benefits to the Kiwanis Club of Orillia through this project (please be specific regarding advertising exposure, tickets to events, etc.)

Name of Project or Purpose of Funding Request

Project Description – State the project objectives and specific methods for achieving the goals.

<p>Submit application by using the “Submit” button at the top or print and fax to 705-325-4655. All non-personal applications must include:</p> <ol style="list-style-type: none"> 1. Most recent audited financial statements. 2. List of Board of Directors. 3. Any additional relevant information (limited to 5 pages) <p>Thank you for your request. Only successful applicants will be contacted.</p>	Application Date:
	Signature:

For Internal Use Only

Approved:	Rejected:
Amount Approved:	Moved By:
Date/Time:	Seconded By:

Remarks

President:	Secretary:
------------	------------