

Kiwanis Club of Orillia - Grant Application

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

Organization/Individual's Name(s)

Donation Request Amount

Contact Person

Phone Number

Mailing Address

Address

Email

City

Fax Number (if applicable)

Province

Postal Code

Are any members of the Kiwanis Club of Orillia directly involved with organization applying for this grant request?

Yes

No

If Yes, please provide name:

Type of Organization and charitable registration number if applicable.

Non-Profit Organization

Registered Charity

Personal or Family

Other

Outline the mission, purpose and objectives of your organization.

Are there other sources of revenue that can/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 these goals.

Submit application by using the "Submit" button at the top or print and fax to 705-325-4655. All non-personal applications must include the following:
1 - Most recent audited or unaudited financial statements.
2 - List of Board of Directors.
3 - Any additional relevant information (limited to 5 pages.)
Thank you for your requests. Only successful applicants will be contacted.

Application Date

Signature Field

For Internal Use Only

Approved

Rejected

Amount Approved

Moved By

Date/Time Field

Seconded By

Remarks:

President: _____

Secretary: _____