

kiwanis

CLUB OF OWEN SOUND



INFORMATION FOR FUNDING APPLICANTS

Guidelines

The following guidelines are intended **FOR EXAMPLE** to assist applicants in obtaining funding which support specific areas of interest and are in keeping with the guidelines established and set out by the...



Kiwanis Club of Owen Sound

Background

The Mission Statement of the Kiwanis Club of Owen Sound:

“ The Kiwanis Club of Owen Sound is an organization comprised of individuals committed to enhancing the quality of life in our community through service and financial support, focusing on children”

- The Kiwanis Club of Owen Sound supports projects that are....
- Charitable
- Educational
- Cultural
- Recreational
- Environmental
- All projects must benefit Youth from birth to 19 years of age and who reside permanently in Owen Sound and district.

- Funds are awarded for definite purposes and for projects covering a specific period of time. Funds are not awarded to support ongoing operating expenses, except in special cases

Organizations and individuals seeking funding must demonstrate fiscal responsibility, professional management and commitment to the Community.

- Funds are awarded for new and innovative projects, to be completed within a specific time frame. Multi-year funding is possible, and is subject to periodic review. New and innovative programs may be funded for a limited time.

- **Capital projects may be considered.**



- The Kiwanis Club of Owen Sound is interested in encouraging projects that will:
 - serve the young children of our community: Infant to 19 years.
 - address the underlying causes of problems in our society in innovative ways;
 - realize a significant and sustainable result with a moderate amount of funding.
- Proposals should demonstrate:
 - a clearly defined and researched need;
 - evidence of support from other organizations and/or service groups;
 - provision for evaluation of the project and active planning to form continuation of the program beyond the initial funding.

The Kiwanis Club of Owen Sound does not consider funding applications

- for religious, sectarian or political purposes;
- to reduce deficits
- To retire debt
- to other service organizations

- o to endowments of other organizations or foundations;
- o to support fundraising activities of national or provincial groups
- o To organizations which are totally Government funded

The Kiwanis Club of Owen Sound looks for marketing and promotional opportunities in an effort to spread the good word of Kiwanis.

Application Procedures

All applicants should obtain a grant application form and note the deadline for receipt of proposals. The review process takes approximately two months and applicants will be notified in writing of the Board/Committee decision. Applicants may re-apply.



APPLICATIONS MUST BE RECEIVED BY MARCH 31 or OCTOBER 31

Before submitting a proposal, applicants are encouraged to contact the Secretary of **The Kiwanis Club of Owen Sound** or any member of the Kiwanis Club of Owen Sound in good standing.

If the proposal falls within the **The Kiwanis Club of Owen Sound** guidelines:

- **Submit 2 copies of your PRINTED proposal on the Grant Application Form,**

Enclose the following additional information: A list of current Board members and or Executive Committee, including their addresses, telephone numbers and positions. If available

- A copy of your current annual budget and your most recent monthly/quarterly operating statement.
- A copy of documents confirming charitable registration status if available
- general information brochure if available.

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Date received: Application No.

PLEASE COMPLETE THIS FORM USING ONLY THE SPACE PROVIDED.
PLEASE ATTACH FURTHER INFORMATION/PAGES OR ADDENDA

Name of Organization: _____

Charitable Registration Number: _____

Contact Person: _____ Title: _____

Address: _____

_____ Telephone: _____

We certify that the Board of Directors has authorized this application

Fund applying for (if known) _____

Chief Volunteer: _____ Chief Staff Person _____

Signature: _____ Signature: _____

Total Organization Budget	Total Cost of Project	Amount Requested
\$	\$	\$

PROJECT TITLE: _____

Brief Description:

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ABOUT YOUR ORGANIZATION

ORGANIZATION:

When did you begin operating? _____

What is the purpose of your organization and whom does it serve?

VOLUNTEERS:

How many volunteers, apart from the Board, do you use? _____

What do they do? _____

STAFF:

Number of full time positions _____ Part time _____

ABOUT YOUR PROJECT

1. NEED:

What are the issues this project will address? How was the need determined?

2. PURPOSE:

What will this project specifically accomplish?

3. WHO:

Describe who will be served by this project. How many will be served? What is the geographic area served?

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4. CO-ORDINATION:

Who else in the Community is working on this issue? What will you do that is different from or better than existing programs? How will you coordinate with them?

5. FUTURE FUNDS:

How will this project be financed in future?

6. EVALUATION:

How will the project be monitored and results evaluated?

7. OTHER:

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PROJECT NAME

ESTIMATED EXPENSES:

TOTAL EXPENSES: \$ _____

ESTIMATED REVENUE:

REQUEST FROM KIWANIS CLUB OF
OWEN SOUND : _____

TOTAL REVENUE: \$ _____

Indicate below funding for the project from other sources such as private sponsors, Foundations or public granting agencies:

Applications made to:	Date Applied	Amount Requested	Response Expected	Response Confirmed