

Kiwanis Club of Auburn, New York  
P.O. Box 791  
Auburn, NY 13021



## GRANT APPLICATION

### Organizational Information

Organization Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Email \_\_\_\_\_ Web \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Position \_\_\_\_\_  
501(c)(3) Yes \_\_\_\_\_ No \_\_\_\_\_

### Project Information

Total project budget \_\_\_\_\_ Amount requested \_\_\_\_\_  
Project start date \_\_\_\_\_ End date \_\_\_\_\_

Briefly describe the project and its anticipated significance for your organization and the community. For example: What are the program objectives? Who are the beneficiaries and how will they benefit? How does this project relate to existing programs? What other funding sources does this project have? You may attach your summary.

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Name of Executive Director/Authorized Signer (please print) Title \_\_\_\_\_  
\_\_\_\_\_  
Signature of Executive Director/Authorized Signer Date \_\_\_\_\_