Kiwanis Club of Streamwood Grants for Youth Groups Program

*Grant Application*

PLEASE READ THE ENTIRE GRANT APPLICATION BEFORE YOU BEGIN TO FILL OUT THIS FORM. USE ADDITIONAL PAPER TO EXPLAIN ALL ANSWERS.

(Failure to complete correctly with all information will eliminate your application from consideration!)

Name of School/Group:

Mailing Address:

City, State, Zip Code:

Email Address:

Contact

Person/Title:

Telephone:

1. Briefly describe the population you serve.

2. What is the title of the program for which you are seeking funding? Is this a new program? Yes: \_\_\_\_\_ No: \_\_\_\_\_

3. How will this program add to your normal educational activities?

4. Structure of Proposed Program (Describe the curriculum, activities and implementation of program. Use additional pages if necessary.)

5. Describe the following aspects of the program, if applicable.

Number of sessions: \_\_\_\_\_\_\_ Length of each session: \_\_\_\_\_\_\_ All in one week: \_\_\_\_\_

Weekly: \_\_\_\_\_ Every other week: \_\_\_\_\_ Monthly: \_\_\_\_\_ Other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. How many people do you expect to participate in this program,

Children: \_\_\_\_\_ Staff: \_\_\_\_\_ Parents: \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Detail the budget for the project including specific items and total costs. GRANTS WILL NOT BE AWARDED FOR THE

PURCHASE OF BOOKS, TECHNICAL EQUIPMENT, OR UNIFORMS THAT ARE NORMAL PARTS OF THE REQUIRED CURRICULUM.

CLOTHING OF ANY KIND OR FUNDING OF SALARIES IS PROHIBITED.(Please list the total budget on the line below and provide details in an

attachment)

Materials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost per unit \_\_\_\_\_\_\_\_\_\_ x Total units \_\_\_\_\_\_\_\_\_\_ = Total Cost $ \_\_\_\_\_\_\_\_\_\_

If this proposal is accepted, I give permission for my final report to be shared with others. My name and the name of my institution will be attached wherever your report is posted.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Either:

E-MAIL completed application to [terrijohnson74@yahoo.com](mailto:terrijohnson74@yahoo.com) by March 18th, (PREFERRED METHOD). Or

MAIL (postmarked by March 15, 2024) this completed application form and all attachments

to: Kiwanis Club of Streamwood, C/O Terri Johnson, 1890 Avon Dr., Hoffman Estates, Il 60192