****

**P.O. Box 10878**

**Kalispell, MT 59904**

**(406) 661-6256**

[**foundation@mtkiwanis.org**](mailto:Jsteele2145@gmail.com)

**TIN 81-0465739**

Kiwanis

Foundation of Montana

**GRANT INFORMATION**

**Foundation Purpose**

The Kiwanis Foundation of Montana is a 501c3 charitable corporation created to gather, invest, and manage funds for the benefit of Service Leadership Programs, Montana District Club projects, and additional efforts to changing the world one child and one community at a time. The mission of the Foundation is to raise, manage, and distribute funds to support programs of the Montana District Kiwanis family organizations for the improvement of the lives of individuals and communities.

Nine Kiwanis members representing the divisions of the Montana District of Kiwanis serve as the Board of Directors, administering the affairs of the foundation through fundraising, prudent investing of foundation funds, and deciding on avenues to disperse the funds for the greatest good.

Contributions are received from Kiwanis Clubs, Kiwanis members, corporations, individuals, memorials, estate bequests, and fundraising promotions. These funds are used to serve a number of needs presented to the Foundation, including the following list of major efforts:

* The General Fund receives individual, corporate and club designated grants and gifts to be disbursed for Club and Kiwanis Family activities. General fund earnings are used for District wide and club special projects and Kiwanis Family activities not otherwise funded.

* Service Leadership Program Funds earnings are used for Key Club and Circle K college scholarships, sponsored group activities, and Eversole Kiwanis Family Education scholarships.
* Kiwanis Family Children's Fund helps fund special projects undertaken by the District and Kiwanis Family groups. Kiwanis Family children projects are variable year to year to meet current needs.
* The Kiwanis Club Fund is a fiduciary endowment fund established within the Montana Foundation to receive funds from and/or for District Clubs as a 501c3 charity. Club accounts are administered by the Foundation in accordance with each Club's instructions, and within IRS guidelines.

**Grant Process**

Kiwanis Clubs in the Montana District are eligible to apply for a matching grant for club projects. The Foundation reviews applications at least twice per year at mid-winter and summer convention and awards grants based on available funding in the budget.

Grants applications are considered based on the clubs financial participation, in-kind contributions, and club member efforts. Projects benefiting children will be given priority. Grant funding is normally not given over $5,000.

The Foundation looks for proposals that reflect careful planning, demonstrate a strong base of support, and are matched with local funding. Service projects must support the ideals and objectives of Kiwanis International as well as the Kiwanis Foundation of Montana mission.

**Applications must be postmarked no later than…**

February 1st for Mid-Winter Conference review

July 1st for Summer Convention review

**REQUIREMENTS FOR GRANT APPLICATION PROCESS**

(Please type or print in black ink)

ALL INFORMATION REQUESTED MUST BE INCLUDED

In preparing the proposal, grant applicants **must include** the following information:

* The completed application form and project description.
* The project description on attached sheets must state what the project will achieve, how you will accomplish the goals of the project, who and how many will benefit from the project, how long the project will last, what are the plans to continue the project after the grant period, and how you will provide feedback to us on the success of the project.
* Submit a letter from the President of the sponsoring Kiwanis Club explaining how and confirming club involvement with volunteer service and/or financial support.
* Provide a budget for the overall project income and expensesshowing how grant funds will be used for the project.
* Submit a copy of the Kiwanis Club’s financial statement showing their commitment and ability or lack of ability to support the project.
* Agree to provide electronic photographs of your project to allow the Foundation to publicize your project.

* Applications must be mailed to:

**Kiwanis Foundation of Montana**

**Attn: Jean Steele**

**P.O Box 10878**

**KALISPELL, MT 59904**

**Eligibility**

Grant applications must support the purpose and goals of the Kiwanis Foundation of Montana. Grant requests for projects sponsored by and showing involvement of qualifying Kiwanis organizations located the Montana District territory will be preferred. The Kiwanis Foundation of Montana welcomes grant requests from Kiwanis Family Clubs and agencies or organizations supported by Kiwanis Clubs.

The Foundation does not give grants to individuals and will not provide funding for salaries. The Foundation operates without discrimination as to age, race, religion, sex or national origin in considering grant requests. The Foundation’s primary goal is to provide funding for projects that can demonstrate an impact on the needs of children and others in the community. Grant applicants must keep in mind that priority is given to projects that:

* Reach those persons who are not met by existing services.
* Request seed money for innovative programs in the Foundation’s field of interest.
* Encourage matching gifts or additional funding from other donors.
* Yield substantial benefits for the resources invested.
* Show involvement of Kiwanis family clubs through volunteer service and financial commitment.
* Request funds for projects to be implemented after the award of grant funding.

**Kiwanis Foundation of Montana**

**Attn: Jean Steele**

**P.O Box 10878**

**Kalispell, MT 59904**

**GRANT APPLICATION FORM**

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPONSORING MONTANA DISTRICT KIWANIS ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF KIWANIS ORGANIZATION PRESIDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIBE ANTICIPATED INVOLVEMENT OF KIWANIS FAMILY CLUB (Volunteers and Funding for this project)

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

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

NAME OF ORGANIZATION RECEIVING GRANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PURPOSE OF ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

NAME OF CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (H/W):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL PROJECT COSTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you submitted a request(s) to any other funding sources for this same project? Yes\_\_\_ No\_\_\_

If so, when and to whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT DESCRIPTION/PURPOSE SUMMARY Attach pages describing the project including:

* What is the purpose of the project
* How you will accomplish the goals of the project
* Who and how many will benefit from the project
* How long will it take to complete the project and how long will the benefits last
* What are the plans to continue the project after the grant period
* How you will provide feedback to us on the success of the project
* If your grant request is approved for a lesser amount than requested, how will your project be impacted