



Kiwanis Club of Allentown Foundation - Grant Guidelines

1. The Foundation considers projects that support Children & Youth, its priority. In the past we have funded projects such as:
 - Parenting skills
 - Child abuse prevention
 - Safety and pediatric trauma
 - Child care
 - Early development
 - Maternal and infant health
 - Nutrition
 - Education
 - Arts & Recreation
2. The Foundation's geographic preferences are first to Allentown, then Lehigh County, and then the Lehigh Valley.
3. Grants usually do not exceed \$2,500.
4. **Include 5 copies of the completed application form including a program budget and 1 copy of your organization's annual report. Do not send additional materials. Mail to: P.O. Box 4355, Allentown, PA 18105-4355 by October 1, 2007.**
5. For those agencies we have funded in the past, a **Grant Feedback Form** must be completed that provides us with details on your program and the use of the grant. Your application for future funding will not be considered without this response form. This is also on our website.
6. The Foundation will make grants to support specific projects, not operating budgets including salaries.
7. The Foundation will not commit funds for multi-year projects.
8. Grants recipients must be registered 501c3 organizations.
9. Special consideration will be given to Kiwanis generated projects.

Grants applications for the 2007 – 2008 funding year are being accepted beginning July 1, 2007 until October 1, 2007. Grant requestors will be notified by January 2008.



Kiwanis Foundation
P.O. Box 4355
Allentown, Pennsylvania 18105-4355

Grant Application - *Request for Grant of Funds*

NAME and ADDRESS OF ORGANIZATION

PHONE _____

FAX _____

E-MAIL ADDRESS: _____

YEAR ORGANIZATION WAS ESTABLISHED? _____

ARE YOU REGISTERED WITH THE PENNSYLVANIA DEPARTMENT OF STATE, BUREAU OF CHARITABLE ORGANIZATIONS? YES NO

OFFICIALS

A. OFFICERS (Names, Titles, and Affiliations)

B. BOARD OF DIRECTORS (Names and Affiliations - If Board of Directors is listed on Annual Report please note.)

PRINCIPAL SERVICES (describe)

**STATEMENT OF INCOME & OPERATING EXPENSES
(EXCLUDE OUTLAY FOR CAPITAL ITEMS)**

FISCAL YEAR

ENDED: _____

*** SOURCES OF
INCOME**

* (A)	TOTAL INCOME	\$ _____
* (B)	TOTAL OPERATING EXPENSES	\$ _____
	_____ % (of income)	
* (C)	BALANCE (A - B) OPERATING deficit (-) or surplus (+)	\$ _____
* OUTLAY FOR CAPITAL IMPROVEMENTS (if any)		\$ _____

STATE AMOUNT OF REQUEST: \$ _____

SPECIFIC PURPOSE:

AMOUNT REQUESTED IS TO BE USED DURING WHAT PERIOD OF TIME?

**WERE PREVIOUS GRANTS MADE TO THE ORGANIZATION BY KIWANIS
FOUNDATION? YES NO IF YES, WHEN? YEAR(S) _____**

WHAT WAS THE GRANT FOR?

BENEFITS EXPECTED FROM GRANT:

TO APPLICANT:

TO COMMUNITY

TO INDIVIDUALS:

IF APPLICATION IS FOR NEW SERVICE OR FACILITY, EXPLAIN SOURCE OF FUNDS TO CARRY ON SERVICE OR MAINTAIN FACILITY (if any will be needed) AFTER THE REQUESTED FUNDS ARE SPENT.

WHAT OTHER ORGANIZATIONS IN GREATER LEHIGH VALLEY NOW FURNISH A PARALLEL TYPE OF SERVICE OR FACILITY WHICH WILL BE FURTHERED BY FUNDS REQUESTED: TO WHAT EXTENT WOULD PROJECTED SERVICES BE A DUPLICATION OF OTHER SERVICES NOW AVAILABLE?

WOULD THE SERVICE OR FACILITY HAVE ANY SPECIFIC SECTARIAN OR RELIGIOUS LIMITATIONS? YES NO

IF YES, EXPLAIN:

FROM YOUR MOST RECENT RECORDS, STATE WHAT PERCENTAGE OF SERVICES IS PERFORMED FOR RESIDENTS OF LEHIGH COUNTY. _____

ARE ANY OF YOUR COSTS RECOVERED FROM THE RESIDENTS?

YES NO

ADDITIONAL INFORMATION REQUIRED:

Please include a detailed program budget highlighting how this Kiwanis grant will be used, and one copy of your organization's annual report. Do not send any additional materials.

THIS SPACE MAY BE USED FOR ANY ADDITIONAL INFORMATION OR COMMENTS:

ARE YOU A MEMBER/OR IS A MEMBER OF THE ALLENTOWN KIWANIS CLUB INVOLVED IN YOUR ORGANIZATION? YES _____ NO _____

IF YES, PLEASE GIVE US THE NAME: _____

Your Name (print)

Your Signature

Your Title

Today's Date