

Kiwanis Club of Panama City

Grant Application Guidelines Fiscal Year October 1, 2015 - September 30, 2016

GRANTS POLICIES & PROCEDURES STATEMENT

The Kiwanis Club of Panama City is part of a worldwide service organization of men and women, who share the challenge of community improvement. To this end, the Board supports organizations that have broad educational and community outreach. This local Club is primarily concerned, but not limited to, the aid of underprivileged and disadvantaged children, in the Bay County area. The purpose of this grants program is to fulfill the Objects of Kiwanis International by assisting other organizations in developing model projects, educating programs, or support activities that cannot be totally funded by that organization. We welcome your request for assistance. The following guidelines, which outline funding consideration, are effective for the current year. These may be revised as circumstances change.

GENERAL POLICY: Each year, the Club supports certain community improvements and/or youth development projects, within the limits of its resources. The Club considers all requests for grants, placing the most emphasis on helping underprivileged youth, of Bay County. The grant request must be for a tangible part of a specific project, not part of operating or administrative costs of any organization. The Board of Directors of the Club makes all allocation decisions. The primary areas of support are non-profit organizations that have emphasis on educational and other community needs of a broad nature.

PROCEDURES & DEADLINE DATES: In order to be considered, this Grants Policies & Procedures Statement, and the accompanying appropriate Grant Application, must be received on, or before, the deadlines as noted. Mini Grants are due by the 15th of the month in which they are to be reviewed. Community Service grants must be received on, or before, the cycle dates listed on application. Grants are made for a twelve month period and any organization can be awarded only one of each type of grant during the fiscal year (October 1 through September 30).

REVIEW PROCESS: Applications must be completed in full, with all information supplied, or a reason for omission provided. Applications will be screened for compliance with the Policies & Procedures and forwarded to the appropriate Committee, for evaluation. The Committee will then make its recommendation to the Board of Directors, for final decisions. Organizations making requests, will be notified of the Board's decision within 30 days following the end of the month that it was reviewed. The Board may accommodate the funding of emergency requests and override guidelines at any time, by the appeal of a Standing Committee.

<u>FUNDING</u>: The amount of funds in the program, are those budgeted for that year's Grants Program. All funding is contingent upon the approval of the Application by the Board of Directors, with the Committee's recommendation. All available funding is dependent upon the donations and income the Club receives, and is not guaranteed. Funding is for a twelve month period only.

ELIGIBILITY & DISCRIMINATION: No organization will be knowingly discriminated against for any reason. And, any organization, in good standing, may submit an Application, as long as they are compliant with the Policies & Procedures and conform to the Objects of Kiwanis. It is not this Club's intent to give favor to any organization, but those who most comply with our mission, will be given priority. Otherwise, funding for organizations who duplicate each other, will be based on a first come,

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first serve basis, from available funds. The Kiwanis Club of Panama City considers the requests of not-for-profit organizations including certain municipal, county, state, and federal entities. Requests will not be considered unless the organizations take full, legal, fiscal, and administrative responsibility for the request and disbursement of any granted funds.

| RESTRICTIONS: These and other restrictions apply so, please review carefully |
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| The Kiwanis Club of Panama City's Community Service Grant Program does not provide funds for: |
| □Individuals |
| Groups or organizations that have as their primary purpose attempting to influence legislation |
| Grants to pay for administrative services, subscriptions, or memberships. |
| □ Athletic scholarships |
| National conferences, sporting events, and other one-time events (excluding charitable events) |
| FISCAL ACCOUNTING & EVALUATION: To ensure proper management of the grant funds, the Club may require documentation on the expenditure of disbursed funds. The nature of this documentation shall be determined by the Poord of Directors and normally, the applicant will be notified of this |
| shall be determined by the Board of Directors and normally, the applicant will be notified of this |
| requirement at the time of the grant award. Furthermore, the Club may require a grant recipient to receive funds at a regular scheduled Club meeting and later submit a written evaluation on the impact that the |
| grant had on the supported project. |
| INDEMNIFICATION: For and in consideration of the benefits derived from the grant, the recipient and |
| receiving organization agree to defend, imdemnify and hold harmless, including reasonable attorney's fees, the Kiwanis Club of Panama City, its officers, directors, members, agents, independent contractors and employees, of and from any claim, demand, or cause of action, civil, criminal or administrative, for liability, damages, injury, sanction or penalty, allegedly caused or resulting from any negligent or intentional act or omission by the recipient or receiving organization arising out of or associated with the recipient's or receiving organization's activities related to the project described in the Grant Request. DISCLOSURE STATEMENT: "A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE 1-800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. APPLICATION PROCEDURES: |
| A non-profit organization should submit its application through our Community Service Grant |
| program by the deadline(s) stated on the application. The application must be completed in its |
| entirety and all guidelines must be met to be considered by the Board of Directors. Telephone solicitations will not be considered. Requests approved in any one year are not automatically |
| assured of future support. |
| REQUIRED SIGNATURE: |
| I, (Applicant Representative) have read and understand the above stated guidelines and requirements |
| for consideration of a Kiwanis Club of Panama City Community Service Grant and agree to accept and comply with the decisions of the Board of Directors of the Kiwanis Club of Panama City. I also |
| understand if all documentation is not submitted, my application will not go to the Board for |
| consideration. |
| |
| Signature |

Print Name

Kiwanis Community Service Grant Application

For the 2015 – 2016 Kiwanis Fiscal Year

While we welcome your request, please understand that we must follow certain guidelines in the issuance of these grants. Due to budget constraints, not every request may be fulfilled. All requests for funding will be reviewed by the Board of Directors on a timely basis. You will be notified within 30 days after of the decision. To be considered by the Board of Directors, this form and its attachments, must be completed entirely and all guidelines must be met. If needed, please attach your supporting documentation.

The number and amounts of all Grants are determined by the Club's Board of Directors and based on the fundraising efforts for the year. Applications will be reviewed in **2 cycles** with approximately ½ of the club's budgeted amount being issued in each cycle. To be considered, applications must be **received** no later than the following dates: Cycle I deadline: **March 15**th and Cycle II deadline **September 15**th. No exceptions. A full Organizational Operating Budget must be included for a Community Service Grant along with the project or event budget.

Please supply all information, or a reason for omission. Supporting documentation may be included on separate pages.

| 1. | 1. Name of Project: | | | | |
|----------------------------|--------------------------------|--------|--|--|--|
| 2. | . Organization making request: | | | | |
| 3. | | Phone: | | | |
| | Fax:Address: | | | | |
| 4. | Requested Amount: \$ | | | | |
| Date Funds will be needed: | | | | | |

5. Summarize the Project: Use additional pages, if needed. Provide detailed description. This application is the only information available by which a decision can be made.

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| 6. List specific budgetary items and show how the funds will be expended. The Event or Program Budg must be attached for all Levels and a full Organizational Operating Budget must be included for a Community Service Grant. The total must agree with the requested amount in item #4. Use additional pages, if necessary. | et |
|---|------|
| 7. Describe how the project will benefit the community and/or its youth. Provide detailed Information: - who will benefit and how, ages and number of beneficiaries. | |
| 8. If the grant is approved, how will the project be funded in future years? It is not our intention to support any project on a continuing basis. | |
| 9. Explain how partial funding, of this request, will affect the usefulness of the project. Will it be able proceed with partial funding? If no, explain why. What is the minimum amount you must have for the project to proceed. \$ | ; to |
| 10. Does this project receive funding from any governmental entity (federal, state, county, or city)? Yes No If yes, provide details - who? How much? Etc. | |
| 11. Are there other funds available? Yes No Have they been requested? Yes No If so, what is the funding source? Provide details. | |

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| 12. Will Kiwanis funds be used to obtain matching funds? Yes No If yes, provide details - who, where, and how much. | | | | | | | |
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| | | | | | | | |
| 13. Would anyone in your organization be interested in learning more about Kiwanis or contacted about membership, in our Club? Yes No If so, please fill out the following: Name: Address: Work Phone: Home Phone: Email: | | | | | | | |
| Thank you for taking the time to fill out this application. We hope for the best in your endeavors as an organization that cares about this community and it's children. We, as Kiwanians, hope what we do, as a service club, will in some small part, help those that are less fortunate. | | | | | | | |
| Please email, mail, or deliver, <u>all</u> copies of the Application and the signed Grants Policies and Procedures | | | | | | | |
| Requests are preferred to be submitted electronically to: dkforehand@gmail.com (with "Kiwanis Grant" in subject line) It may also be mailed, or delivered, to: The Kiwanis Club of Panama City P.O. Box 796 Panama City, FL 32405 | | | | | | | |
| For Kiwanis Use Only | | | | | | | |
| Date Application Received: Cycle I / Cycle II | | | | | | | |
| Date given to Committee: Chairperson | | | | | | | |
| Committee Recommendation: Approve Amount \$ | | | | | | | |
| Board of Directors Approval: Yes No Amount \$ Date: | | | | | | | |
| Date of decision notification by Committee Chairperson: | | | | | | | |
| Make Check Payable to: | | | | | | | |
| Explanation & Notes: | | | | | | | |

2015–2016 Kiwanis Club of Panama City Mini-Grant Application (up to \$500)

| Name of Organization: | | | | | | | |
|--|--------------------------|----------------------------|-------------|--|--|--|--|
| Address: Contact Person: | | | <u></u> | | | | |
| Contact Person: | | Phone #: | | | | | |
| E-mail: | | | | | | | |
| Describe the current project for which you are requesting funding how it will benefit the community and/or its youth. What goods or services will the funds be used to supply: | | | | | | | |
| | | | | | | | |
| Is the Organization contribu | uting to the project? If | f yes, in what way? If no, | why? | | | | |
| What is your Organization's | s current Charities Bu | udget? | | | | | |
| Amount Requested for Pro | ject: \$ | | | | | | |
| Additional Comments: | | | | | | | |
| By signing below, you certi requested. Please include application. | | | | | | | |
| Printed Name | Signature | Date | | | | | |
| For Kiwanis use: Date Application Received: APPROVED:yes Approved Amount: \$ | no | | | | | | |