Kiwanis
CLUB OF LINCOLN

GRANT REQUEST FORM

Name of organization	**Tax ID (if applicable)**
Mailing Address	**Tax Status (501(c)(3) Yes No**
City/State/Zip	**Phone**
Contact Person	**Email:**
One paragraph Summary (please print or type). Attach additional summary if necessary.	
Brief description of your organization and mission statement	
Estimated Number of students/children affected	**Project Start Date and Title**
Amount of Grant Requested:	**Project Completion Date**
Total Program Cost:	**Other funding sources:**
Attach budget for the project if 501(c)(3) status copy of your most recent tax filing	

Applicants Signature _____

Supervisor or Principal's signature _____

When completed, mail this form and all required documentation to the attention of the Kiwanis Club of Lincoln Foundation, PO Box 1094, Lincoln, Ca 95648. To the Attention President or email to Kiwanislincolnca@gmail.com

Internal Kiwanis Club of Lincoln Use Only
Make check payable to:
Amount approved $_____ Date approved _____
Account charged _____ Date required _____