



Kiwanis Club of Los Altos Foundation

Grant Application

Organization: _____

Contact Person, Name and Title: _____

Address: _____

City, State & Zip: _____

Phone: _____ **E-mail:** _____ **Fax:** _____

Web page: _____

Program & Description: _____

Amount Requested: _____

Type of Request: _____

(Examples: General Support, Start-up costs, Program support, Technical Assistance, Capital expenditure, Other)

IRS Taxpayer ID Number (or attach a copy of Federal Tax Exempt Notification Letter): _____

What is the program goal? _____

Is this a new program? _____ **If yes, the start date?** _____

Is this request time-sensitive? _____

What age group is served by this program? _____

What are your principal sources of income for this program?

Previous funding from LAKCF? _____ Year(s)? _____

Is there an interested or sponsoring Los Altos Kiwanian? _____

If yes, who? _____

Signature: _____

Date Signed: _____

Please print this Application, provide the requested information, and mail the original and five copies of this Grant Application to: Grants Committee Chair, Kiwanis Club of Los Altos Foundation, P.O. Box 484, Los Altos, CA 94023.

For grant requests of \$1,000.00 or more, please attach to this Grant Application a summary of your organization's mission and its history. Please also address the following issues relating to this program.

1. What is unique about this program?
2. Are there other similar services available in this area?
3. Describe your plans for sustaining the program or is it only a one time event?
4. If Los Altos Kiwanis Foundation chooses not to fund this program, what impact would it have on the community?
5. What is the budget for this program? Include your organization's budget for last year.