



*Improving the world - one child, one community at a time*

*Cape Coral Kiwanis Foundation, Inc.  
PO Box 100006 Cape Coral F 33910-0006*

## Grant Application

This application form is used to request financial grants from the Kiwanis Club of Cape Coral. The form must be received by the Kiwanis Club of Cape Coral before the 30<sup>th</sup> day of June. Grants approved will be awarded during the next fiscal year (October through June). Please fill out this form completely and submit via mail or email. If you have additional information, please attach an addendum. You may send questions to: [president@mycapecoralkiwanis.org](mailto:president@mycapecoralkiwanis.org)

### BENEFICIARY INFORMATION

Name of organization: \_\_\_\_\_

Address \_\_\_\_\_, City and State \_\_\_\_\_ ZIP \_\_\_\_\_

Is this organization organized as a Non-Profit? \_\_\_\_\_ In which State? \_\_\_\_\_

Are gifts to your organization tax-deductible by the IRS? \_\_\_\_\_, Is the organization  
Qualified as a 501(c)3? \_\_\_\_\_? If so, please enclose a copy of the letter from the IRS.

What type of work does the organization perform?  
\_\_\_\_\_

What community need does the organization serve? \_\_\_\_\_

How many Cape Coral residents are served or what percent of the beneficiaries are Cape Coral residents?  
\_\_\_\_\_

Is the organization affiliated with or subsidiary of any other organizations? \_\_\_\_ (yes or no)

If yes, what organizations \_\_\_\_\_

What other organizations contribute to your projects, including government grants? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What percentage of your budget is this grant? \_\_\_\_\_



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GRANT INFORMATION

How much is this grant request for? \$ \_\_\_\_\_

Is this a request for a grant previously awarded by Kiwanis? \_\_\_\_\_ (Yes or No)

Is there a specific time of the year when you need your grant to be awarded?

What is the purpose of this grant? \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

Attach any promotional literature your organization distributes.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Solicitor/Contact (Printed) \_\_\_\_\_

Phone \_\_\_\_\_

Via US Postal Svc:

**Cape Coral Kiwanis Club**

**ATTN: Grant Application**

**PO Box 100006**

**Cape Coral FL 33910-0006**