



## **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
  - Sports
  - 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 \$1,500.**
4. **Include 5 copies of the completed application form including program budget and 1 copy of your organization's most recent audit. Do not send additional materials. Mail to: 1000 Postal Rd. P.O. Box 91226, Allentown, PA 18109-1226 by October 1st of every year.**
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 "child related" 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.

Every year, grants applications are accepted from July 1st until October 1st. Grant requestors will be notified no later than the following December.



Kiwanis Foundation  
P.O. Box 91226  
Allentown, Pennsylvania 18109-  
1226

**Grant Application - Request for Grant of Funds**

**NAME and ADDRESS OF ORGANIZATION**

**PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WEBSITE 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, Titles, and Affiliations)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.**

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**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?**

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

IF YES, EXPLAIN:

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**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 most recent audit. Do not send any additional materials.

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

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**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