



Kiwanis Club of Allentown  
P.O. Box 4355  
Allentown, PA 18105-4355

## **Allentown Kiwanis Foundation Grant Feedback Form**

**Organization Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Kiwanis Grant Amount:** \_\_\_\_\_

**Please attach a financial report. Provide actual details on the use of the Kiwanis grant funds. Please include the dates, amounts, purpose and results of expenditures.**

**Description of Activities Funded by Grant:**

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**Number of Children Directly Impacted by Project:** \_\_\_\_\_

**Number of Children Indirectly Impacted by Project:** \_\_\_\_\_

**Where did the children come who were served by this Program?**

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**Please provide an assessment on the success of the project and provide supporting evidence that substantiates this success:**

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\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Note: This form must be completed at the end of the program being supported by the grant. Another application for a grant through the Allentown Kiwanis Foundation will not be considered without it.**

**Submit to: Kiwanis Foundation, P.O. Box 91226,  
Allentown, Pennsylvania 18109-1226**