



# Circle K International Tomorrow Fund Grant



## GRANT APPLICATION

Contact name (Must be a Circle K member) \_\_\_\_\_ Member ID# \_\_\_\_\_

Club name \_\_\_\_\_ Club key number \_\_\_\_\_

District name \_\_\_\_\_

School's address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/postal code \_\_\_\_\_

Contact's home telephone number ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you find out about the Tomorrow Fund Grant? \_\_\_\_\_

## KIWANIS/FACULTY ADVISOR INFORMATION

Name \_\_\_\_\_

Street address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/postal code \_\_\_\_\_

Telephone numbers: Work ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address \_\_\_\_\_

## PROJECT INFORMATION

Title of project \_\_\_\_\_

Please describe the project in 100 words or less.

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

## PROBLEM

Describe the issue that your project addresses.

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

## SOLUTION

When and where will your project take place?

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

What have you done so far to get your project started?

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

How will your project measurably improve the community and by what means will you measure this success?

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How will your club/district build on the success of your project?

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Who is working on the project? Please include their names, addresses, e-mail addresses and telephone numbers. If space does not allow for the entire list, please provide the same information for members of the steering committee.

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Is there another organization that you will be collaborating with? If so, give the name of the organization, the name of your contact, his/her position, e-mail address and telephone number. Give a detailed timeline of your project.

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### **BUDGET**

What parts of your project require funding? Give a detailed budget for your proposal. Include price quotes if possible. You can't request less than US\$200 or more than US\$2,000. What elements of your project are being donated and by whom?

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### **Agreement with the Tomorrow Fund Grant**

By signing this grant proposal, you agree to:

1. Submit a final written report within two weeks of the completion of your project.
2. Use all grant money for the purposes detailed in your application.
3. Keep accurate financial records and include the records in the final report.
4. Allow your project to be used in any media or future Tomorrow Fund Grant promotional campaigns.

*To utilize your funds, you must either submit bills or proof of expenses up to the amount of the grant within one year from the date of the notification letter.*

Contact signature \_\_\_\_\_ Date \_\_\_\_\_

Kiwanis/Faculty advisor signature \_\_\_\_\_ Date \_\_\_\_\_

Club officer signature (If not the contact person) \_\_\_\_\_ Date \_\_\_\_\_

Grant application must be received by December 1. Send application to: **Circle K International**, Youth Funds Specialist, 3636 Woodview Trace, Indianapolis, Indiana 46268-3196



**Kiwanis**  
Service Leadership Programs