

**Application for Funding  
Kiwanis Club No. 1 Foundation of Detroit**

Date \_\_\_\_\_

Name of individual applying \_\_\_\_\_

Legal name of organization applying \_\_\_\_\_

Is this a not-for-profit organization?      Yes \_\_\_\_\_      No \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_      Email \_\_\_\_\_

Project name \_\_\_\_\_

Project purpose (one sentence):

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

Dates of the project \_\_\_\_\_      Amount requested \$ \_\_\_\_\_

Geographic area served \_\_\_\_\_

\_\_\_\_\_  
*Signature of applicant*

\_\_\_\_\_  
*Typed Name and Title*

Revised: December 2007

In one to two pages (maximum), please respond to the following:

- Brief organizational background/description
- What needs/problems will this project address?
- Why are you requesting this funding?
- Who is the targeted population?
- What outcomes do you hope to achieve?
- How you will spend the funds if the grant is made?
- If there are other partners in the project, what roles(s) will they play?

Please submit your application for funding to:

Kristine Miranne  
Finance and Fundraising Committee  
Kiwanis Detroit #1 Club  
c/o Southwest Detroit Development Collaborative  
PO Box 09273  
Detroit, MI 48209  
313-842-0694  
313-842-0697 fax

E-mail: [kristine.miranne@att.net](mailto:kristine.miranne@att.net)