

Kiwanis Club No. 1 Foundation of Detroit

Application for Funding

Date of Application: _____

Name of individual applying _____

Legal name of organization applying _____

Is this a not-for-profit organization? Yes _____ No _____

Address _____

Telephone number _____

Fax: _____ Email _____

Project name: _____

Project purpose (one sentence):

Dates of the project: _____ Amount requested \$ _____

Geographic area served _____

Signature of applicant

Typed Name and Title

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, Michigan 48209
313-842-0694
Fax: 313-842-0697

E-mail: kristine.miranne@att.net