The Kiwanis Club of Adrian intentionally takes action to positively impact our community. We are a club united in service, building a vibrant community for generations to come. Our goal is to positively impact the Adrian Community, by:

- · supporting development for youth and families
- supporting health, wellness and recreation

# **Community Impact Grant Guidelines**

- Projects must align with at least one of the objectives of the Kiwanis Club of Adrian stated above.
- Community Impact Grants are reserved for BIG IMPACT projects.
- Funds shall be used solely for the granted purpose.
- Agencies must be a 501(c)3 and provide services within the Adrian area (Michigan).
- Funded activities shall commence in a timely manner and expenditures shall be made within 12 months of receipt of the grant, unless special permission is granted.
- No grant will be given for any purpose that would jeopardize the tax-exempt status of Kiwanis Club of Adrian or the applicant organization.
- Grant recipients shall acknowledge Kiwanis Club of Adrian in all promotional materials, activities, and programs funded by Kiwanis Club of Adrian funds.
- The Kiwanis Club of Adrian Board of Directors typically does not entertain requests for political or religious
  activities or from individuals or foundations (unless specifically identified for one specific purpose or event).
- At most, Kiwanis will accept one Community Impact Grant request per organization per year.

### **Application Process**

Non-profit, community organizations wishing to apply for financial support should follow these steps. *Please note this is a multi-step process that takes approximately 3 months to complete. Emergency financial assistance requests will not be considered.* 

 Contact the current Community Impact Committee (CIC) Chair to confirm that funding is still available and the project aligns with Kiwanis Club of Adrian goals. The current CIC Chair is Dusty Steele, harry.steele@raymondjames.com.

### 2. Submission:

- Complete the attached grant application and submit it electronically via email in PDF form to the current
   CIC Chair. Applications must be typed and all requested documents must be attached to the email.
- o Identify a Kiwanian that is familiar with your organization's mission and may champion the project through the process. If you are unable to identify a Kiwanian, one may be chosen for you based on interest.

#### 3. Review Process:

#### CIC REVIEW

- The CIC reviews requests on a regular basis.
- Based on the submitted grant request, the CIC will take one of three actions:
  - Recommend to the Kiwanis Club of Adrian Club Board to move forward with the request.
     (See the next bullet point for the remaining process.)
  - Follow-up with additional questions to the requesting organization before action is taken.
  - Denial of the request based on funding availability or if the project does not align with the Kiwanis Club of Adrian goals/objectives. If the grant request is denied, the organization will be notified by email or print letter.

#### BOARD INITIAL REVIEW

The CIC makes a recommendation to the Club Board. The Club Board meets monthly on the first Thursday. The Club Board will decide whether or not to move the project along in the process, or follow-up with additional questions.

#### CLUB ADVISORY VOTE

- A presentation to the general membership during a normal weekly club meeting will occur. The presentation will be made by the Kiwanis Club of Adrian "champion," not a member of the applicant organization unless they are a member of Kiwanis.
- An advisory vote will take place via paper ballot, collected, and counted during the meeting.
   Results will be announced at the end of the meeting.

### FOUNDATION REVIEW

The Foundation Board will review the request to assure the funds are available.

#### CLUB BOARD FINAL REVIEW

 The Club Board will take a final vote on the project and notify the Foundation, general club membership, and requesting organization of the outcome. Payment may take 60-90 days.

Proposals must contain the following information and must be completed according to the form below in order to be considered for funding.

Part 1: Cover Page

Part 2: Narrative

Part 3: Required Attachments

Part 4: Certification

# **PART 1: COVER PAGE**

Organization name:
Mailing address:
Phone number:
Project coordinator:
Coordinator email:
Organization's mission:
Project name:
Amount requested:
Geographic area served by this project:
What is the total project cost and what percentage of the total budget would this grant account for?
Have you secured or applied for other types of funding for this project? If so, please list sources, amounts, and status.
Target population:
Estimated number of persons to be served:

### **Executive Summary:**

In 250 words or less describe your project. This summary should not be confused with the entire application which follows.

# **PART 2: NARRATIVE**

1.	Provide a brief description of your organization, its mission, and goals.
2.	What is the goal of this project – what are you trying to accomplish? How is the project filling a need in the community? Document the need with statistics or testimonies.
	Community . Decument the need war statistics of total norms.
3.	How does this project align with the club's objectives (stated at the top of the first page)?
4.	The Kiwanis Club of Adrian is a <u>service</u> club. If your organization were to receive this grant, what volunteer
⊸7.	opportunities would be available to our club members that are connected to the project?

5.	How does your project stand out or differentiate from other services of its types in the community? Is any other local organization doing similar work in our community?
6.	Describe resources (human, financial, facility, equipment, etc.) available to you for conducting this project, and the additional resources needed.
7.	Who/what are the other constituents involved in the planning and implementation of the project?
8.	Describe how the project will use volunteer support, cooperate with other social service agencies, and gather community support and involvement.
9.	How will you measure this project's success?

	10.	List in chronological order any financial support you have received from the Kiwanis Club of Adrian since 2018. Indicate the amount of funding received and for what project/program it was utilized.
	11.	What will happen to the project and/or the organization if this grant request is not fully funded by Kiwanis? At what funding level will it become impossible to complete the project?
٩I	RT 3	3: REQUIRED ATTACHMENTS

### <u>P</u>

All 501(c)3 organizations, excluding government and school organizations, must include the following:

- 1. Copy of current project budget
- 2. Copy of Internal Revenue Service tax exemption letter confirming 501(c)3 status
- 3. List of members of organization's governing board, including addresses
- 4. Copy of most recent audit or Form 990

#### **PART 4: CERTIFICATION**

To the best of my/our knowledge and belief: statements in the attached application are true and correct; the document has been duly authorized by the governing body of the applicant; and the applicant organization will comply with applicable laws, regulations, terms, and conditions in effect at the time of grant.

I/we understand that the Kiwanis Club of Adrian, in evaluating this grant application, may, if deemed appropriate, review any and all of the information submitted as part of this request with advisors of their choosing.

I/we agree to comply with the Equal Employment Opportunity Act; produce and document project results; exhibit sound management; not focus on purely religious purposes; begin the project/program within four (4) months of receipt of funds; and expend the entire grant within one year or return unspent funds.

Signature of President or Executive Director Printed Name & Title Date
Signature of Project/Program Coordinator Printed Name Date
Tax Id #
If not a 501(c)(3) non-profit organization:
Signature of Authorized Fiscal Agent Representative Printed Name & Title Date
Fiscal Agent Organization Name Address
Fiscal Agent Phone Number Email

If a 501(c)(3) non-profit organization:

In signing this application, the Authorized Fiscal Agent Representative verifies that the organization will act as a fiscal agent for any monies awarded.

[END OF APPLICATION]