Kiwanis
Florida Foundation

GRANT APPLICATION
DAVID and DONNA BATELAAN FUND

Name of Kiwanis Club _____

Name of contact person: _____

Address of contact: _____

City _____ State _____ Zip _____

Phone Day ( )_____ Cell ( )_____

Email:_____

Name of project:_____

Purpose of project: (500 words or less)_____

_____

_____

_____

_____

Total number of beneficiaries of proposed project and ages _____

Budget Request $_____ Total Budget $_____

Please itemize expenses:

_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

Club President Approval: _____

Lt. Governor Approval: _____

Foundation Division Trustee Approval: _____

Please submit completed application to:

Florida Kiwanis Foundation
1485 North Atlantic Ave, #102
Cocoa Beach, FL 32931
Email: Floridakiwanisfoundation@gmail.com

Deadline for submission: December 15 and June 15