

# ***MADISON WEST KIWANIS***

## **2010 COMMUNITY SERVICES COMMITTEE**

*Supporting organizations, activities, or projects focused on improving the quality of life (e.g. civic affairs, health, beautification, conservation, safety, nature, or the arts) of individuals, neighborhoods, or groups in the Madison area*

### **Grant Application**

**Requesting Organization:** \_\_\_\_\_

**Address:**

**Telephone:** \_\_\_\_\_ **Email Contact:** \_\_\_\_\_

**Briefly describe the purpose and/or objectives of your organization:**

**Briefly describe the nature of this grant request:** \_\_\_\_\_

**Amount of request (dollars):** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

I certify that the attached requested grant: (1) will only be used for the purpose stated in the application, (2) will not be used for any political campaign or effort to promote legislation, and (3) will not be used for religious purposes or to promote a religion:

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Optional: Madison West Kiwanis Sponsor** \_\_\_\_\_

**NOTE:** *On the following pages, limit your responses to the space provided. Do not include attachments.*

1. Describe how this grant will improve the quality of life of individuals, neighborhoods, or groups in the Madison area.

2. Describe how this grant will assist an organization, activity, or project in actual need of financial assistance.

3. Describe how this grant will assist an organization or project that has demonstrated a likelihood of actually realizing the claimed benefits.

4. How will achievement of the benefits sought from this grant be measured?

5. To what degree, and how, will the support of Madison West Kiwanis for this grant be recognized within the community?

Community Service Grant Applications should be mailed to:

Bonnie Hansen  
5401 Falling Leaves Lane  
Mc Farland, WI 53558