

KIAWAH SEABROOK EXCHANGE CLUB  
**Grant Request Form**

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

email address of Primary Contact: \_\_\_\_\_

Exchange Club Sponsor: \_\_\_\_\_

**Applicant Information**

Grant Request (name): \_\_\_\_\_

Date of Request: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Grant Request Project or Program Summary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Organization Background**

Please provide a brief history of your organization and its mission statement where applicable.

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Has your organization received a grant from the Exchange Club in the past?

Yes \_\_\_\_ No \_\_\_\_

If yes, what specifically was achieved with this grant?

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Is this organization a 501(c)3?

Yes \_\_\_\_ No \_\_\_\_

If yes, include the cover sheet only of the most recent IRS 990 filing. Please scan the page and attach for email submissions.

If your organization is not a 501(c)3, provide evidence of your current not for profit status. Omission of this evidence will eliminate your request from consideration. Public schools are exempt from this requirement.

How many are on your board of directors or mgmt committee? \_\_\_\_\_

Are any members of the Kiawah Seabrook Exchange Club involved in your organization?

Yes \_\_\_\_ No \_\_\_\_ If yes, who? \_\_\_\_\_

How often does your board meet and what is the average attendance?

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What is your service area and the population served?

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Please provide a copy of your current financials and any additional financial information that will assist the evaluation of your funding request.

## **Program Specifics and Outcome Measurement**

A complete program narrative. Include a summary of the impact of this program including expected attendance, enrollment or number of people served.

What are your measurable outcomes and how will you measure the success of your program?

Explain how your organization will accomplish your stated objectives. Be as specific as possible.

When will the activity begin and when will it be completed?

Include a statement regarding how the goals of the request would be modified if the full amount of requested grant is not provided.

Please provide any additional documentation in support of this grant request that will help the committee evaluate your request for funding.

### **Submittal information**

The completed Grant Request Form should be submitted by:

via email: Exchange Club President  
Bob Leggett <rmlegg8@gmail.com>  
(Supporting dicumentation can be scanned and attached or submitted by US Mail)

Or, US Mail

THE KIAWAH SEABROOK EXCHANGE CLUB  
Box PMB-J, 130 Gardeners Circle  
John's Island, SC 29455

Applications may be submitted through August 1, 2017. Late applications will not be considered. The omission of documentation will eliminate an agency from consideration. Recipients of funds from the Exchange Club in the past are not guaranteed funding in the future.