

**Kiwanis Club of Tecumseh
Grant Application**

Organization Name: _____

Address: _____

Phone Number: _____

Project/Program Coordinator: _____

Coordinator email: _____

Project/Program Name: _____

Project/Program Date & Time or Period for Program: _____

Amount Requested: _____

Amount Previously Received: _____

Target Population: _____

Total Number of:

- K-12 Students Served: _____
- **Tecumseh** K-12 Students Served: _____

Total Project/Program Cost: _____

Will Kiwanis Members be needed/requested to support this program/project? If yes, how many members? _____

