

Kiwanis Club of Corrales Foundation, Inc. (KCCF)

PO Box 3810  
Corrales, NM 87048



## GRANT APPLICATION COVER SHEET

*(Please complete this Cover Sheet and place it at the beginning of your grant proposal.)*

1. Name of Organization: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Telephone Number: \_\_\_\_\_
4. Web Site: \_\_\_\_\_
5. Name and relationship of parent organization, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Contact Person:  
Name \_\_\_\_\_ Position Held \_\_\_\_\_  
E-mail \_\_\_\_\_ Telephone \_\_\_\_\_
7. Name of Project: \_\_\_\_\_
8. Summary of Project *(Please limit to 4 lines)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Total Cost of Project: \$ \_\_\_\_\_
10. Organization's division, if any, to which Project belongs: \_\_\_\_\_
11. Amount Requested \$ \_\_\_\_\_



*Note: If application is successful, a representative will be requested to attend a KCC breakfast meeting on Wednesday morning at 7:30 am to share how grant will be used.*

**GRANT APPLICATION PROPOSAL**

*(Unless otherwise stated, please limit each response to 4 lines.)*

Applications must be received by February 1, 2025 for consideration. Applicants will be notified of the decision within 60 days of the application deadline. Please provide a response to ALL questions. Incomplete applications will not be considered.

1. What is the Mission Statement of the organization?

---

---

---

---

2. Describe the organization and its programs/projects.

---

---

---

---

3. Describe the details of this proposal and how it relates to the organization’s overall mission: *(Please limit to 10 lines)*

---

---

---

---

---

---

---

---

---

---



4. What are the demographics and number of people anticipated to be served in 2025?

---

---

---

---

5. What is the proposal's projected outcome?

---

---

---

---

6. How did your organization participate in the 2024 Corrales Harvest Festival?

---

---

---

---

7. How will the organization/program participate in the 2025 Corrales Harvest Festival (September 27 and 28, 2025) through volunteering event support, promotion, showcasing students' talents and enthusiasm, and/or other ways?

---

---

---

---

8. Please provide any additional information that KCCF should know or consider regarding the impact of the project on children and the community.

---

---

---

---



## REQUIRED ATTACHMENTS

1. Evidence of 501(c)(3) or other tax-exempt status.
2. Organization's Annual Operating Budget including, but not limited to:
  - a. Revenue from government, corporate, and individual donations
  - b. Fundraising revenue and expenses of fundraising activities
  - c. Administrative expenses
3. Project budget showing specific uses of the funds requested

***PLEASE DO NOT SUBMIT AN INCOMPLETE APPLICATION.  
ALL REQUESTED ATTACHMENTS AND DOCUMENTS MUST BE INCLUDED.  
AN INCOMPLETE APPLICATION WILL NOT BE CONSIDERED. THANK YOU!***

### Authorized Signature

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_

*Should a grant be awarded, to what or whom should a check be made payable?*

\_\_\_\_\_