



Baldwinsville Kiwanis Club
PO Box 28
Baldwinsville, NY 13027

GRANT APPLICATION

Organizational Information

Name _____

Address _____

Town / State / Zip _____

Telephone _____ Fax _____

Website _____

Contact Person _____

Position _____

Email _____

Is this a Non-Profit Organization? Yes _____ No _____

PROJECT INFORMATION

Total project budget _____ Amount requested _____

Project start date _____ End date _____

Briefly describe the project and its expected impact on the community;

Baldwinsville Kiwanis use only; Previous year's donation: Approved; YES / NO Date voted on;
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