

# Kiwanis

Cal - Nev - Ha Foundation

www.cnhfoundation.org

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## PEDIATRIC TRAUMA PROGRAM DIVISION GRANT PROGRAM

As part of its primary focus, the Kiwanis Cal-Nev-Ha Foundation established the Pediatric Trauma Program Grant to assist Kiwanis clubs in financing *Pediatric Trauma Program* projects on a start-up basis. This program has been expanded to include Kiwanis divisions.

To assist divisions in developing division-wide service projects, the Cal-Nev-Ha Foundation makes available Pediatric Trauma Program grants for **new division-wide projects**, by providing **matching start-up funds**, up to **\$5,000.00**. The Foundation Board of Directors established a maximum to ensure an optimum number of divisions will be able to participate in the program.

To participate in the Pediatric Trauma Program Division Grant Program, the following items are required:

1. A completed PTP Division Grant Application form;
2. A project budget, including club and/or division funds committed, "in-kind" donations, and any other sources of outside funding;
3. An estimate of service hours committed to the project;
4. Date when funds are required;
5. A copy of each club's current year Community Service Budget.

In addition, the Kiwanis Cal-Nev-Ha Foundation requests a follow up report of your division's service project, including photos, video clips and other data that would best convey how your grant was used and how providing this funding recognized the Kiwanis family.

### Please note the following:

1. Incomplete applications will not be considered and will be returned to the Lt. Governor;
2. Application processing time is approximately 4 weeks;
3. Limits to grant awards are matching funds up to a maximum of \$5,000.00;
4. Grant funding is limited to one award per project;
5. If your project is a fundraiser, it is ineligible for grant funds.



**KIWANIS CAL-NEV-HA FOUNDATION  
PEDIATRIC TRAUMA PROGRAM  
DIVISION GRANT APPLICATION**

*Applications may be submitted at any time during the year  
Please allow at least 4 weeks processing time.*

Submitted by Lt. Governor: \_\_\_\_\_ Division: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (B) \_\_\_\_\_ (R) \_\_\_\_\_

*Please answer questions in space provided; if more space is required, please attach additional page(s).*

1. Give a description of your division-wide service project.

2. Describe the "target audience" of the project. Is the project designed to benefit infants, toddlers, school children?

3. Amount being requested: \_\_\_\_\_ Total project cost: \_\_\_\_\_

4. Is your project a "fund-raiser"? Yes  No  Is this your division's project? Yes  No   
*Please note, if this is a fundraiser, it is ineligible for PTP funds.*





## KIWANIS CAL-NEV-HA FOUNDATION PTP DIVISION GRANT SYNOPSIS

*The Kiwanis Cal-Neu-Ha Foundation requests a follow up report of your division's service project, including photos, video clips and other data that would best convey how your grant was used and how providing this funding recognized the Kiwanis family. Please answer the following questions after the completion of your event and return this page to the Kiwanis Cal-Neu-Ha Foundation at your earliest convenience.*

Submitted by Lt. Governor: \_\_\_\_\_ Division: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: (B) \_\_\_\_\_ (R) \_\_\_\_\_

Date Project Began: \_\_\_\_\_ Date Project Ended: \_\_\_\_\_

Please provide a brief synopsis of your project, including SLP and Kiwanis participation i.e., volunteer-hours, total dollars expended, etc. Please attach additional page(s) if necessary.

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Signature of Kiwanis Lt. Governor

Date:

*After the completion of your project, please return this synopsis to:  
Kiwaniis Cal-Neu-Ha Foundation, 550 Fesler Street, Suite G-3, El Cajon, CA 92020-1959  
You may fax this form to (619) 938-3855*