

# Kiwanis

Cal - Nev - Ha Foundation

www.cnhfoundation.org

550 Fesler Street, Suite G-3 • El Cajon, CA 92020-1959

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## PEDIATRIC TRAUMA PROGRAM MULTI-CLUB GRANT PROGRAM

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

Many times, the scope of a service project is too overwhelming for one club alone and often, clubs work together to sponsor a service project. The PTP Multi-club Grant Program was established to allow clubs working together on one project to apply for grant funds. The Cal-Nev-Ha Foundation makes available Pediatric Trauma Program multi-club grants for **new service 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 grants will be awarded each year.

To participate in the Pediatric Trauma Program Multi-club Grant Program, the following items are required:

1. A completed PTP Multi-club Grant Application form;
2. A project budget, including club 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 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 primary club;
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  
MULTI-CLUB GRANT APPLICATION**  
*Applications may be submitted at any time during the year  
Please allow at least 4 weeks processing time.*

Who is the primary club for this project? \_\_\_\_\_ Division: \_\_\_\_\_

Club President of the primary club: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

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

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

Please list the other clubs participating in this service project and secure the signature of each club president (include SLP clubs too):

_____	_____
_____	_____
_____	_____
_____	_____

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

1. Give a description of your 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 club’s project? Yes  No   
*Please note, if this is a fundraiser, it is ineligible for PTP funds.*

5. Describe the relationship between your project and the Objects of Kiwanis.

6. Describe the benefit of your project to your community.

7. Describe the long-range feasibility of your service project. Is this a “one-time” project or will it continue?

*Please include the following items with this application:*

1. A project budget, including club funds committed, “in-kind” donations by your clubs or outside organizations, and any other sources of outside funding;
2. An estimate of service hours committed to the project;
3. Date when funds are required;
4. A copy of each club’s current year Community Service Budget;
5. Supporting documentation or materials.

*Mail completed application and supporting documents to:*

**PTP Multi-club Grant Program  
Kiwanis Cal-Nev-Ha Foundation  
550 Fesler Street, Suite G-3, El Cajon, CA 92020-1959**

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**Signature of the Primary Kiwanis Club President**

**Date Submitted:**



## KIWANIS CAL-NEV-HA FOUNDATION PTP MULTI-CLUB GRANT SYNOPSIS

*The Kiwanis Cal-Nev-Ha Foundation requests a follow up report of your 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-Nev-Ha Foundation at your earliest convenience.*

Who is the primary club for this project? \_\_\_\_\_ Division: \_\_\_\_\_

Club President of the primary club: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact's 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 the Primary Kiwanis Club President**

**Date:**

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