

Kiwanis

Cal - Nev - Ha Foundation

www.cnhfoundation.org

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PEDIATRIC TRAUMA PROGRAM 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, a Kiwanis club will give up on a worthwhile project because the funds required to get the project started are not available.

To assist clubs in developing club service projects, the Cal-Nev-Ha Foundation makes available Pediatric Trauma Program grants for new projects, by providing matching start-up funds, up to **\$2,000.00**. The Foundation Board of Directors established a maximum to ensure an optimum number of clubs will be able to participate in the program.

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

1. A completed PTP 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 club service hours committed to the project;
4. Date when funds are required;
5. A copy of the club's current year Community Service Budget.

In addition, the Kiwanis Cal-Nev-Ha Foundation requests a follow up report of your club'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 club;
2. Application processing time is approximately 4 weeks;
3. Limits to grant awards are matching funds up to a maximum of \$2,000.00;
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 GRANT APPLICATION**

Applications may be submitted at any time during the year

Please allow at least 4 weeks processing time.

Submitted by The Kiwanis Club of _____ Division: _____

Club President: _____ E-mail: _____

Contact Name: _____ E-mail: _____

Contact's 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 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.



KIWANIS CAL-NEV-HA FOUNDATION PTP GRANT SYNOPSIS

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

Submitted by The Kiwanis Club of _____ Division: _____

Club President: _____ 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 sponsored youth and Kiwanis participation i.e., volunteer-hours, total dollars expended, etc. Please attach additional page(s) if necessary.

Signature of Kiwanis Club President

Date:

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