

Kiwanis

Cal - Nev - Ha Foundation

www.cnhfoundation.org

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PEDIATRIC TRAUMA PROGRAM SERVICE LEADERSHIP PROGRAMS (SLP) GRANT PROGRAM

As part of its primary focus, the Kiwanis Cal-Nev-Ha Foundation established the Pediatric Trauma Grant Program to assist the Kiwanis family in financing *Pediatric Trauma Program* projects on a start-up basis. Many times, a club will give up on a worthwhile project because the funds required to get the project started are not available.

To assist Service Leadership Program (SLP) 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 **\$250.00**. The Foundation Board of Directors established a maximum to ensure an optimum number of SLP clubs are 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, with sponsoring Kiwanis club president's signature;
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 \$250.00;
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
SLP GRANT APPLICATION**

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

Submitted by: Circle K Key Club KIWIN'S

Club Name: _____ Division: _____

Club President: _____ E-mail: _____

Contact Name: _____ E-mail: _____

Contact's Address: _____

City/State/Zip: _____

Phone: (B) _____ (R) _____

Sponsoring Kiwanis Club: _____

Kiwanis Club President: _____ Phone: _____

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.

