

## **GRANT APPLICATION FOR INDIVIDUALS**

The Kiwanis Club of Hamilton East is pleased to support the Greater Hamilton area. All applications will be reviewed, vetted and followed up on by the grants committee, unless, you have already applied for and been denied any funding. If this is the case any further applications will not be considered or replied too.

The grants committee meets once per month from September to June. When applying please be aware that you will receive a written response whether you are granted funds or not, unless the following applies to your application.

Please note we will not reply to or consider the following individual requests.

- 1. Housing costs
  - Rent
  - Utilities
  - Cable
- 2. Dental
- 3. Eye glasses
- 4. Funeral expenses
- 5. Repeated requests from same individual(s)
  - Whether approved the first time or not.
    - i. There are many cases that demand our attention, and many people in need. Therefore if you are asking again, you can expect the club to deny your request.
- 6. Applications that are too vague, ambiguous or appear to be taken for granted based on past practices or expectations.

Kiwanis Club of Hamilton East PO Box 47566, CENTRE MALL, Hamilton, Ontario, L8H 7S7 @kiwaniseast, www.kiwanishamilton.com



- 7. Requests to fund from a third party.
  - The Club must deal directly with the prospective recipient(s).
- 8. Form Letters that are mass mailed
- 9. Any requests to pay for "Rep" sports
- 10. Any person(s) using electronic media to solicit funding
  - "gofundme" page as an example
- 11. Requests to support partisan political agendas or lobbying
- 12. Requests to fund religious organizations for purely religious purposes
- 13. Fundraising Events
- 14. Wage or salary requests
- 15. Any persons that live outside the immediate Hamilton electoral area

## The Kiwanis Club of Hamilton East:

- Gives preference to youth from birth to 18 years of age.
- We will also consider help and or support of vulnerable adults



<b>Request for Funds Application</b>	
Date of Application	
Applicant (Full Legal Name)	
CONTACT INFORMATION	
Contact name for all	
communication	
Street Address 1	
Street Address 2	
City, Province & Postal code	
Contact Phone #	
Contact email	
SIGNATURE: X	

Please provide a written description of your request: (Please include any documents that may be relative)

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