

 Wisconsin-Upper Michigan

 Service Project Grant

**Application Information**

The Service Project Grant Fund is designed to provide financial assistance to our WI-UM Key Clubs, in good standing.

The funds granted will be used specifically to perform service projects with financial assistance from the WI-UM Key Club District.

Maximum funds available per project/grant is $200. Clubs do not have to match funds in order to receive a grant; however any costs over $200 will be the responsibility of the individual Key Club performing the project.

All receipts for items purchased in conjunction with the project must be submitted and/or attached to the Grant Application. If the Service Project is in process, receipts must be submitted within 30 days of project completion.

Grant applications and documentation pages must be typewritten. Any information missing from the Grant Request or documentation paperwork may delay/or be cause to deny approval of your request.

Grant applications will be considered by the committee on the following dates. Please submit your applications in advance of each date.

1. August 1st

 2. December 1st

 3. February 1st

 4. April 1st

Contact Kathy Gillis with grant application questions. Once your application is completed, submit the application and documentation to:

 Kathy Gillis, District Administrator

 3823 County Rd. V

 Cascade, WI 53011

 920-475-0500

 wium.admin@gmail.com



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**Project Status**:

* **Project Completed: Receipts are attached**

* **Project in Progress: Receipts submitted within 30 days of completion.**

# Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Coordinator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Coordinator Phone Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information **must** be provided as attachments to this application form.

1. Budget for your Service Project.
2. Detailed Description of Service Project.
3. Date/Location of Service Project.
4. Number of Key Clubbers and Service Hours Involved.



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**Please complete the following questions to be submitted with the Grant Application. If more space is needed than is provided below, please add attachments. All information must be typewritten.**

**Key Club Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Total Number of Key Clubbers Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Total Hours of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Time/Location of Service Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Attach a Budget for this Service Project**

1. **Describe this Service Project in detail**

**By signing, you agree to:**

1. Use all grant money for the purposes detailed in your application.
2. Keep accurate financial records and submit appropriate receipts.

**Project Coordinator**: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

**Key Club Advisor:** Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_

**Direct questions to Kathy Gillis. Send completed application requests to:**

**Kathy Gillis, WI-UM Key Club District Administrator,**

**N3823 County Rd. V, Cascade WI 53011**

 **wium.admin@gmail.com 920-475-0500**