



# New England Exchange Clubs Foundation, Inc.

57 Eaton Street  
Lawrence, Massachusetts 01843

*Facilitating support for Child Abuse Prevention  
and other Exchange-promoted charitable works*

## CLUB GRANT APPLICATION

NOTE: THIS GRANT PROGRAM MAY APPLY ONLY TO A CHARITABLE SERVICE PROJECT THAT YOUR CLUB WILL EXECUTE WITH OR WITHOUT THE GRANT.

_____	_____
CLUB	APPLICATION DATE
_____	_____
APPLYING OFFICER	OFFICE
_____	_____
MAILING ADDRESS	PROJECTED DATE OF PROJECT
_____	_____
CITY/STATE/ZIP	PROJECT NAME/TITLE
_____	_____
PHONE	E-MAIL

\$ \_\_\_\_\_ Does your Club have earmarked funds in the Foundation to be applied to this project? \_\_\_\_\_  
GRANT AMOUNT REQUESTED NOTE: The transfer of funds earmarked for your Club is still a "grant."

Please describe the nature of the parent project your Club has scheduled. Include those groups and numbers of people to be affected directly or positively impacted by the Club's effort.

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

*Take as much space as needed. Continue onto additional sheets of paper if required. More detail is better.*

Describe the planning process for the project. Who in your Club has been and will be involved in planning and executing the project?

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

*Take as much space as needed. Continue onto additional sheets of paper if required. More detail is better.*

How will you measure the impact and/or success of this project? Do you expect media coverage? Please describe.

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*Take as much space as needed. Continue onto additional sheets of paper if required. More detail is better.*

How will the ADDITION of the requested grant amount improve this project? Include details on those elements that WOULD NOT be done without the grant.

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*Take as much space as needed. Continue onto additional sheets of paper if required. More detail is better.*

BUDGET INFORMATION		NON-CLUB FUNDS	
CLUB FUNDS	TOTAL PROJECT COST (a) + (b)		
	\$ _____		\$ _____
DESCRIPTION _____	\$ _____	DESCRIPTION _____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
<b>TOTAL:</b>	<b>\$ _____ (a)</b>	<b>TOTAL:</b>	<b>\$ _____ (b)</b>

AUTHORIZED SIGNATURE: By signing below, the undersigned Club officer certifies that the above information and budget projections are complete and accurate to the best of his or her knowledge, and that the purpose of the project and the intent of the Club is to provide beneficial service(s) and/or support to residents of the Club's general service type or geographic area which may be construed as "charitable" such that no charge is levied to recipients of the service(s) or support, and that service(s) or support is provided without discriminating on the basis of race, religion, or ethnicity or on the basis of age, handicap or gender except by definition of the charitable service(s) or support provided.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_ OFFICE/TITLE: \_\_\_\_\_

REVIEW DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

APPROVED AMOUNT: \$ \_\_\_\_\_