Optimist International Foundation
Childhood Health & Wellness Grant Program

OPTIMIST INTERNATIONAL FOUNDATION

2026 Application

Office Use Only
Assigned Project Number:
Date Received in OIF Office:

Childhood Health & Wellness will include four focus areas (not limited to the examples below). Please CHECK ONE focus area:

- ☐ **Healthy Lifestyles** (e.g., Physical Fitness, Nutrition, Child Obesity, Healthy Eating)
- ☐ **Chronic Diseases** (e.g., Childhood Cancer, Juvenile Diabetes, Multiple Sclerosis, Ronald McDonald House, Sickle Cell Anemia)
- ☐ **Mental Health** (e.g., Depression, Abuse, Bullying)
- ☐ **Disabilities – Physical, Intellectual & Developmental** (e.g., Autism, Special Olympics)

What is the specific target area? _____

Section I

Please Print or Type. Clubs may submit one matching grant request per Optimist Year. An Ongoing Project can only be submitted once if a grant has been received previously.

Name of New/Ongoing Project _____

Club Name _____ Club Number _____

Contact Person *(Must be a Club Member)* _____

Address _____

Phone Number _____ Email _____

Name of Club Foundation Representative (CFR) _____

CLUB DUES MUST BE PAID BY DATE OF APPLICATION

Section II

Please fill out the following sections completely. Attach additional documentation if needed, maximum page limit of two (2) pages extra.

Project Start Date*_____ Project End Date*_____

*Please put project date in complete MM/DD/YY format. Project must be completed within one year of when the Grant is awarded.

Please provide a brief description of the project and how it is related to Childhood Health & Wellness Treatment, Services or Prevention. How does this project impact children, their families and/or their caregivers?

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Section III FUNDRAISING **Funds raised by Club must at least match the amount of the OIF Grant.*

How much money will your Club raise to support this project? _____

How will your Club raise the funds to support this project?

Revenue Budget: Income from

Requested OIF Grant _____ $ _____
_____ $ _____
_____ $ _____
Total Revenue $ _____

NOTE: Matching grants must be in minimum of $250 and cannot exceed $1000.

How will your Club spend the funds raised?

Expense Budget: Expense for

_____ $ _____
_____ $ _____
_____ $ _____

Will you utilize the OIF Pass Through Program? ☐Y ☐N Total Expense $ _____

Section IV DEMOGRAPHIC INFORMATION

Approximately how many children or people in the community will be served by this project? _____

How many Optimist Members are currently in your Club? _____

How many Optimist Members will directly participate in the implementation of this project? _____

How will the Optimist Members directly participate in this project (other than fundraising)?

Section V CLUB APPROVAL *(Club President initial and signature)*

Is this a NEW or ONGOING project for your Club? ☐ NEW ☐ ONGOING

If awarded, we will match the grant given by OIF. _____ *(Initial)*

Requires signature of Club President.

Our Club has approved this project and plans to support it. If approved for the matching grant, we agree that all fundraising efforts must be conducted for a charitable purpose. We agree to meet all deadlines, including final reporting deadlines. If club does not execute project, grant monies MUST be returned. If club does not complete and submit Project Completion report per due dates the club will be put on the ineligible to receive a future grant list.

Name (Please Print) _____
Club President

Signature _____ Date _____

MUST meet one of these DEADLINE Dates:
January 30, 2026 or August 21, 2026

Optimist International Foundation
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800-500-8130 | FAX: 314-535-7436
E-mail: clubgrantapplication@oifoundation.org