



OPTIMIST INTERNATIONAL

F O U N D A T I O N



These funds are intended to be used for Optimist Club projects to assist organizations in your community addressing Childhood Health and Wellness issues.

Projects can only be submitted for grant consideration once, regardless of whether they are ongoing projects.

CHILDHOOD HEALTH & WELLNESS CLUB MATCHING GRANT APPLICATION

Optimist Clubs may use this application and attach additional pages as needed. **Incomplete** applications will be returned to the contact person listed on this application for completion and will not be reviewed. Applications should be submitted **after** Club has approved project. Clubs may submit one matching grant request per Optimist year.

Please print or type information (use attachment if needed)

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)

Chronic Diseases (e.g., Childhood Cancer, Juvenile Diabetes, MS, Ronald McDonald House)

Mental Health (e.g., Depression, Abuse)

Disabilities – Physical, Intellectual & Developmental (e.g., Autism, Special Olympics)

What is the specific target area? _____

Club Name: _____ **Number:** _____

Contact Person: _____ **Phone:** _____

Address: _____ **E-Mail:** _____

City: _____ **State:** _____ **Country:** _____ **Postal Code:** _____

Please provide a brief description of the project including goals & anticipated cost of project:

Is this project related to: Childhood Health & Wellness Treatment, Services or Prevention? _____

Date(s) of Current Project _____ **Grant Amount Requested: \$** _____
(Not to exceed \$1,000)

How much Club money has been raised for the current project? _____

How will the goal be achieved?

How will this Project impact children, their families, and/or their caregivers?

Please describe how this project is tied to treatment/services of the specific target area you are working on.

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)?

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

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

Name: _____

Title of Officer: _____ Date: _____

Club President

In order for this application to be complete the following documents must be attached:

1. **A Project budget detailing project expenses and anticipated income sources. Receipts for project expenses must be submitted.**
2. **A list of the members of your Board of Directors or Officers including names & titles.**

Please send completed application to: **Optimist International Foundation**
Childhood Health & Wellness Matching Grant
4494 Lindell Blvd.
St. Louis, MO 63108
Email: info@oifoundation.org Fax: (314) 535-7436

It is the decision of the Advisory Panel to grant either the full or a portion of the amount requested. Only the amount requested or a portion of that amount will be granted. 50% of the amount granted will be paid upon approval with 50% being paid after all paperwork and final report have been received by Optimist International. The final report should be submitted within 30 days of the completion of the project. The minimum amount grant requested is \$250.00 with a maximum grant of \$1,000.00.

Projects should be designed to assist local organizations in addressing local Childhood Health and Wellness issues. ALL decisions of the Advisory Panel are final.

ADVISORY PANEL APPROVAL

Date report received: _____

Conditions of approval (procedures to follow or specific instructions):

PROJECT NAME: _____

PROJECT NUMBER: _____