

Kiwanis Club of Ann Arbor Foundation 2024 Grant Funding Certification

Upon notification of grant funding, please complete the certification below to confirm that the project or service as described in the application submitted for funding will or will not be offered in the summer or fall of 2024.

1. Name of Organization receiving funds: _____
2. Name Project/Service: _____
3. Date(s) Project/Service will take place: _____

I certify that the project/service submitted for Kiwanis Foundation funding in the 2024 grant cycle will be provided as described in the application for funding.

(Check one): **YES** **NO**

4. Person Certifying Use of Grant Funds: (PLEASE PRINT)

Name: _____ Title: _____

Organization: _____

Address: _____

Contact: Phone: _____ EMAIL: _____

Return to: Diane Heidt, Kiwanis Club Secretary dheidt@a2kiwanis.org

Date Received: _____

Kiwanis Approvals:

Chair, Grant Coordinating Committee YES NO

Assistant Chair, Grant Coordinating Committee YES NO