



# 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 fighting Childhood Cancer.**

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

## CHILDHOOD CANCER CAMPAIGN CLUB AND DISTRICT 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/District has approved project. Clubs may submit one CCC matching grant request per Optimist year.

**Club/District Name:** \_\_\_\_\_ **Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**City & Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is this project related to: Childhood Cancer Treatment or Services?** \_\_\_\_\_

**Prevention of Childhood Cancer?** \_\_\_\_\_

**Date(s) of Current Project** \_\_\_\_\_ **Grant Amount Requested: \$** \_\_\_\_\_

**(Not to exceed \$1,000)**

**How much Club/District money has been raised for the current project?** \_\_\_\_\_

**How will the goal be achieved?** \_\_\_\_\_

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\_\_\_\_\_

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

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**Please describe how this project is tied to treatment/services of childhood cancer or prevention of childhood cancer.**

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

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**How many Optimist Members are currently in your Club?**

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

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

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

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**If awarded, we will match the grant given by OIF.**

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**Name:**

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**Title of Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Club President or District Governor

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 District Officers including names & titles.**

**Please send completed application to:**

**Optimist International Foundation  
CCC Matching Grant  
4494 Lindell Blvd.  
St. Louis, MO 63108  
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 the fight against Childhood Cancer. ALL decisions of the Advisory Panel are final.**

**ADVISORY PANEL APPROVAL**

Date report received: \_\_\_\_\_

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

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PROJECT NAME: \_\_\_\_\_

PROJECT NUMBER: \_\_\_\_\_