



Childhood Health & Wellness Grant Program Application Directions

Application Area	Field	Description
Overview		<p>Any US, Caribbean & International Club not served by Canadian Children's Optimist Foundation may complete this Grant Application.</p> <p>The recommended process is to download/save the PDF fillable form to your desktop from the oifoundation.org website. Please do not fill out the form directly on the website as you will not be able to send in your application directly from the website. If you are unable to complete the application as a PDF fillable form, you can print the form for completion. Please print legibly.</p> <p>Please complete all fields on the application. An incomplete application will not be considered for review by the committee. Once completed, follow the directions at the end of the application to either hardcopy mail, fax, or scan and email to the Foundation.</p> <p>The Grant Committee will meet immediately following submission deadlines to consider the applications on hand and make a decision regarding funding. Application deadline dates can be found at the end of the application.</p>
Four Focus Areas	Please Check One Focus Area	You must indicate which focus area will align with your project. The four focus areas are: Healthy Lifestyles, Chronic Diseases, Mental Health, and Disabilities. There are examples for each focus area, but you are not limited to the examples listed on the application.
	What is the specific target area?	Once you have checked the focus area, please indicate the specific target area. i.e., focus area Mental Health and target area Suicide Prevention.
Section I – Club & Contact Information	Name of New/Ongoing Project	Enter the name of the project. A project can be a new project that you are doing for the first time or an ongoing project. An ongoing project can only be submitted once if a grant has been received previously.
	Club Name	Enter the full Club name.
	Club Number	Enter the Club number.
	Contact Person	Enter the contact person. This person must be a Club member.
	Address	Enter the address of the contact person.
	Phone Number	Enter the phone number where the contact person can be reached.
	Email	Enter the email of the contact person.
	Name of Club Foundation Rep	Enter the name of the Club's Foundation Rep. Please note that Club dues must be paid by the date of the application.
Section II – Project Description	New or Ongoing Project Implementation Timeline	Enter the project implementation date/timeline in complete MM/DD/YY format. The project must be completed within one year of when the grant is awarded.
	Brief Project Description & how it is related to Childhood Health & Wellness treatment, services or prevention. How does this project impact children, their families and/or their caregivers?	<p>This section should describe the project's purpose. Explain how it fits the selected focus area and how it will affect the children and families facing challenges within that focus area.</p> <p>If working with another organization, please briefly describe the organization. It is not necessary to go into lengthy detail. The intent of this section is to describe the Club project.</p> <p>Projects should not be fundraising projects. The Matching Grant must be for projects that directly affect children.</p> <p>Please fill out this section completely. If using the PDF fillable form this section is a static space which means if you have more information to provide and have come to the end of the space in this area you can attach additional documentation with a page limit of two (2) extra pages. (please note the 2-page limit is inclusive of any other information required to complete this application). The additional 2-page limit is also applicable if you are not using the PDF fillable form and are hand printing the application.</p>
Section III - Fundraising	How much money will your Club raise to support this project?	Funds raised by the Club must at least match the amount of the OIF grant requested.
	How will your Club raise the funds to support this project?	Describe how your Club will raise the matching funds. For example: are you holding a fundraising project, do you have a donation from a corporation or charitable foundation?



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	Revenue Budget: Income from	<p>Enter the amount of the grant you are requesting next to the wording "Requested OIF Grant". This must be a minimum of \$250 and cannot exceed \$1,000. If left blank the application will not be considered complete.</p> <p>All funds in this section should be in US Funds. If more space is needed please include in the two additional pages allowed with the application.</p> <p>Enter all other revenue items which will include, at minimum, the Club matching funds to the grant amount requested. For example: Requested OIF Grant \$500. Next line-item - fundraiser \$500 which would give a Total Revenue of \$1,000.</p>
	Expense Budget: Expense for	Enter expenses that will be incurred for this project.
	Will you utilize the OIF Pass Through Program?	The Pass Through Program is only available in the United States. Please go to the oifoundation.org website and click on Quick Links at the top of the page and then click on Foundation Forms for more information and the application.
Section IV – Demographic Info	How many children or people in the community will be served by this project?	Enter the number of children or people that will be impacted by this project.
	How many Optimist Members are currently in your Club?	Enter the number of Members currently in your Club.
	How many Optimist Members will directly participate in the implementation of this project?	Of the Members in your Club, enter how many will directly participate in the implementation of this project.
	How will the Optimist Members directly participate in this project (other than fundraising)?	Describe how the Members will directly participate in this project. Don't include activities supporting fundraising activities.
Section V – Club Approval	Club Approval	Club Members and the Club Board should be aware of and support this project and application being submitted. The Club President must sign, initial, and date this section.