



## 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 below & anticipated cost of project:**

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**Is this project annual or ongoing?** \_\_\_\_\_ **Amount Requested:\$** \_\_\_\_\_

**Has your Club/District done this project before?** \_\_\_\_\_ **Date of Project** \_\_\_\_\_

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

**What is the Goal of the Project?** \_\_\_\_\_

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**How will this Goal be achieved?** \_\_\_\_\_

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**How will the success of the Project be measured?** \_\_\_\_\_

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How would this grant allow the Project to achieve something not possible in the past? \_\_\_\_\_

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How will this Project impact your local community? \_\_\_\_\_

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How will this Project impact the Childhood Cancer Campaign? \_\_\_\_\_

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**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  
CCC Program  
4494 Lindell Blvd.  
St. Louis, MO 63108  
Fax: (314) 371-6006**

**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 being decided on a case by case basis but typically no more than \$2,500.00.**

**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: \_\_\_\_\_