



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.

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:

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? _____

How will this Goal be achieved? _____

How will the success of the Project be measured? _____

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

How will this Project impact your local community? _____

How will this Project impact the Childhood Cancer Campaign? _____

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.
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. 20% of the amount granted will be paid upon approval with 80% being paid after all paperwork and final report have been received by Optimist International. 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): _____

PROJECT NAME: _____

PROJECT NUMBER: _____