#### Florida Opportunity Fund Application



Dear Applicant,

Thank you for your interest in the Florida Opportunity Fund (FLOF)! The FLOF grant comes from a portion of each member's dues and provides up to two-thirds of the cost of a service project. **Fundraising projects will be decided at the discretion of the District Treasurer**. The approval of a second FLOF grant in one Key Club year is up to the discretion of the District Treasurer as long as the total of both applications does not equal more than \$1,000 and funds are still available for grants.

The entire application contains three parts: the application, LTG comments, and follow-up report. Please e-mail Part I with signatures **to your Lieutenant Governor and the District Treasurer**. This contact information can be found at <a href="https://floridakeyclub.org/district-board-contact-information/">https://floridakeyclub.org/district-board-contact-information/</a>.

If the above submission procedures are not followed, the application will not be approved until it is corrected and resubmitted. Remember to **keep all receipts** relating to the service project. You will be required to scan and email these receipts with Part III: Follow-Up Report within two weeks of the completed project.

Applications will be reviewed each year starting on October 1st through June 1st. **Applications** for projects occurring before October 1st will not be accepted if they are received after June 1st. This means that any summer projects should be planned well in advance. You may submit an application between June 1st and October 1st for projects occurring on or after October 1st; however, you will not receive your grant until after October 1st. The applicant will hear back within two weeks of application submission whether or not the club received the grant.

Thank you for your interest in the FLOF grant. Let me know if you have any questions. Together, we can make a difference!

Yours in Service,

District Treasurer <a href="mailto:treasurer@floridakeyclub.org">treasurer@floridakeyclub.org</a>

#### Florida District Of Key Club International

| Criteria  |
|-----------|
| Checklist |

In order to make sure you have everything required to qualify for a FLOF grant, the prerequisites for applying are listed below. Your application will be rejected if any of these criteria are not met.

- The club regularly submits Monthly Reports on time and the Officer Information Form is completely filled out.
- The complete club name, no abbreviations, is written throughout the entire application.
- The club has paid dues and has at least 20 paid members.
- The club consistently participates in service projects as seen on their Monthly Reports.
- The club participates in divisional and district events (including Divisional Council Meetings, District Conference, Key Club Kick Off Conference, and Spring Zone Rally).
- The club funds at least one-third of the cost of the project from other sources.
- The club attached detailed descriptions of the project, budgeting, etc.
- The application is completely filled out.
- The club agrees to complete Part III: Follow-up Report within two weeks of the project that was funded by FLOF. Ongoing projects must have this report submitted within three weeks of the beginning of the project. All sections must be completed thoroughly. Failure to complete Part III will require the return of all FLOF funds awarded to the club.
- The application is submitted 6 weeks prior to the event date.

Please contact the District Treasurer if there are any questions about the application process.

| PAR                      | ΤI  | Comply with ALL instructions in completing this application. If there are any questions, contact the District Treasurer. Complete and send this application at least <b>six weeks prior</b> to the project for which FLOF funds will be used. You must type the information below. |             |                                      |                             |          |  |  |
|--------------------------|---|--|-------------|--------------------------------------|-----------------------------|----------|--|--|
| Club a                   | Club and Project Information – To be filled out by a club officer |  |             |                                      |                             |          |  |  |
| Name o                   | of Club:  |  |             | Lieutenant                           |                             |          |  |  |
| Key (                    | Club ID:  |  |             | Governor:                            |                             |          |  |  |
|                          | lame of<br>Project:   |  |             | Date of<br>Project:                  |                             |          |  |  |
|                          | Zone:   |  |             | Division:                            |                             |          |  |  |
|                          | Cor   | <b>stact Information:</b> Provide the fo   | ollowing in | formation ab                         | out the pe                  | rson red | questing the grant.  |  |
|                          | Name  | :  | Cl          | ub Position:                         |                             |          |  |  |
|                          | Email   |  | Phor        | ne Number:                           |                             |          |  |  |
|                          | LITIGII   | •  | Applic      | ation Date:                          |                             |          |  |  |
| Address (<br>city, state |   |  |             |                                      |                             |          |  |  |
| Faculty A name:          | Advisor':   |  | Faci        | ulty Advisor's                       | Phone:                      |          |  |  |
|                          | School's Address (street, city, state, zip):                      |  |             |                                      |                             |          |  |  |
|                          |   |  |             |                                      |                             |          |  |  |
| List of Materials        |   |  |             |                                      |                             |          |  |  |
| Please in                | dicate<br>nt is no  | the application, please list ALL<br>the item's description, quantity,<br>more than two-thirds the Total C  | and cost    | . Attach add<br><b>Project.</b> Note | ditional pag<br>e: Costs ma | es as n  | ecessary. Make sure that the stimates that are as accurate |  |
|                          |   | Item Name and Purpose  |             | (                                    | )uantitv                    |          | Cost   |  |

| In this section of the application, please list ALL of the items that will be purchased and other costs for this project. Please indicate the item's description, quantity, and cost. Attach additional pages as necessary. Make sure that the FLOF grant is no more than two-thirds the Total Cost of the Project. Note: Costs may be estimates that are as accurate as possible |   |                           |      |  |  |
|---|---|---------------------------|------|--|--|
|   | Item Name and Purpose                       | Quantity                  | Cost |  |  |
| 1   |   |                           |      |  |  |
| 2   |   |                           |      |  |  |
| 3   |   |                           |      |  |  |
| 4   |   |                           |      |  |  |
| 5   |   |                           |      |  |  |
|   |   | TOTAL COST OF PROJECT (1) |      |  |  |
|   | тс  |                           |      |  |  |
| T   | OTAL OF OTHER INCOME (contributed by your F |                           |      |  |  |
|   | TOTAL LINES 2 & 3 (Must ed                  |                           |      |  |  |

| In this section, please indicate all of the other resources that you have used for funding your project. |                     |                       |                         |            |
|--|---------------------|-----------------------|-------------------------|------------|
| ocal Kiwanis Club: Sc  | hool: City Council: | County:               | State:                  |            |
| ther (List):   |                     |                       |                         |            |
|  |                     |                       |                         |            |
| roject Timeline  |                     |                       |                         |            |
| this section of the appli  |                     |                       |                         |            |
| ompleted by what date.   |                     | oxes if necessary. Pr | ojects with specific, t | ime bound  |
| oals are more likely to be<br>Goal   | successiui.         |                       | To be Com               | noleted by |
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| Project Description  |
| In this section of the application, please answer the following questions as completely as possible. For number 3, please include any links to the project if it is associated with an organization. |
| 1. Describe in detail the project for which you are seeking a grant. What is the goal of the project and how will it be achieved?  |
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| 2. Describe the impact the project will have on the community and club. Who will it benefit and why?   |
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| 3. Please include any links to the project if it is associated with an organization.   |
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#### Florida District Of Key Club International

This page must be completed separately. **Print this page**, get handwritten signatures, scan the page, and email it with your Part 1 digital application to your Lt. Governor and District Treasurer.

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In order to receive a Florida Opportunity Fund Grant, the following conditions must be met:

- 1. To qualify, the Key Club must be current in its dues payment and Pride Report submissions, consistently hold service projects, have at least 20 members, and participate in divisional and district events.
- 2. You use at least one third of your own funds for the project in addition to this grant.
- 3. You gave detailed descriptions of the project.
- 4. You submit Part III: Follow-up Report within three weeks after project completion or within three weeks of beginning an ongoing project.
- 5. You agree that any FLOF funds remaining after project completion will be returned to the District.

Failure to comply with these requirements will result in denial of a grant award or return of FLOF funds to the District, the ineligibility of the club to receive awards at the upcoming District Conference, and the ineligibility of the club to receive a FLOF Grant for the current and next year.

The signatures below certify that all the information contained in Part I in this application are factually correct and honestly presented and certify understanding and agreement by the Club officers and advisors to the Grant Conditions above, including the return of any funds awarded if requirements are not met.

| Club President      | Date |  |
|---------------------|------|--|
| Club Vice-President | Date |  |
| Club Treasurer      | Date |  |
| Club Secretary      | Date |  |
| Faculty Advisor     | Date |  |

| DISTRICT TREASURER USE ONLY   |          |
|---|----------|
| The Florida Opportunity Fund application for the Key Club of APPROVED for \$ out of the \$ requested.  DENIED for the following reason: | has been |
| DENIED for the following reason.  |          |

Florida District Of Key Club International

# **PART II: Lieutenant Governor Comments**

**Directions to the Lieutenant Governor:** Please provide candid and accurate remarks about the club. Please do not show this to the club's officers, its members, or anyone else. Please email this application with your section completed directly to the District Treasurer at treasurer@floridakeyclub.org.

|       | Club applying for grant:  |                                | Lieutenant      |                                  |  |  |  |
|-------|---|--------------------------------|-----------------|----------------------------------|--|--|--|
|       | Division:   |                                | Governor:       |                                  |  |  |  |
| 1.    | What are your thoughts about the project that is being funded by a FLOF grant?  |                                |                 |                                  |  |  |  |
| 2.    | How would the project be a not approved?  | iffected if it doesn't receive | e the full, req | uested amount or if the grant is |  |  |  |
| 3.    | Do you think the project w<br>project attract new membe   | _                              | be more in      | volved with Key Club? Will the   |  |  |  |
| 4.    | This club has attended  | out ofDCM'                     | S.              |                                  |  |  |  |
| 5.    | This club has turned in   | out of Month                   | ly Reports.     |                                  |  |  |  |
| 6.    | Has this school turned in a completely filled out OIF?  |                                |                 |                                  |  |  |  |
| Thc   | Thank you for your time and consideration to this matter. Your e-signature below indicates that all the information on this page is factually correct and honestly presented. |                                |                 |                                  |  |  |  |
| Signa | ture (type in name):  |                                | Г               | Date:                            |  |  |  |
|       |   |                                |                 |                                  |  |  |  |
|       |   |                                |                 |                                  |  |  |  |
|       |   |                                |                 |                                  |  |  |  |
|       |   |                                |                 |                                  |  |  |  |