



# 2024 Application

Office Use Only  
Assigned Project Number:  
Date Received in OIF Office:

**Childhood Health & Wellness will include four focus areas (not limited to the examples below).  
Please CHECK ONE focus area:**

**Healthy Lifestyles** (e.g., Physical Fitness, Nutrition, Child Obesity, Healthy Eating)

**Chronic Diseases** (e.g., Childhood Cancer, Juvenile Diabetes, Multiple Sclerosis, Ronald McDonald House, Sickle Cell Anemia)

**Mental Health** (e.g., Depression, Abuse, Bullying)

**Disabilities – Physical, Intellectual & Developmental** (e.g., Autism, Special Olympics)

**What is the specific target area?** \_\_\_\_\_

## Section I

*Please Print or Type. Clubs may submit one matching grant request per Optimist Year.  
An Ongoing Project can only be submitted once if a grant has been received previously.*

Name of New/Ongoing Project \_\_\_\_\_

Club Name \_\_\_\_\_ Club Number \_\_\_\_\_

Contact Person *(Must be a Club Member)* \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name of Club Foundation Representative (CFR) \_\_\_\_\_

CLUB DUES MUST BE PAID BY DATE OF APPLICATION

## Section II

*Please fill out the following sections completely. Attach additional  
documentation if needed, maximum page limit of two (2) pages extra.*

**New or Ongoing Project Implementation Timeline** \_\_\_\_\_\*

\*Please put project date/timeline in complete MM/DD/YY format. Project must be completed within one year of when the Grant is awarded.

Please provide a brief description of the project and how it is related to Childhood Health & Wellness Treatment, Services or Prevention. How does this project impact children, their families and/or their caregivers?



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## **Section III FUNDRAISING**

*\*Funds raised by Club must at least match the amount of the OIF Grant.*

How much money will your Club raise to support this project? \_\_\_\_\_

How will your Club raise the funds to support this project?

Revenue Budget: Income from

Requested OIF Grant \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total Revenue \$ \_\_\_\_\_

**NOTE:** Matching grants must be in minimum of \$250 and cannot exceed \$1000.

How will your Club spend the funds raised?

Expense Budget: Expense for

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Will you utilize the OIF Pass Through Program?    Y    N    Total Expense \$ \_\_\_\_\_

## **Section IV DEMOGRAPHIC INFORMATION**

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

How many Optimist Members are currently in your Club? \_\_\_\_\_

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

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

## **Section V CLUB APPROVAL** *(Club President initial and signature)*

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

If awarded, we will match the grant given by OIF. \_\_\_\_\_ *(Initial)*

**Requires signature of Club President.**

*Our Club has approved this project and plans to support it. If approved for the matching grant, we agree that all fundraising efforts must be conducted for a charitable purpose. We agree to meet all deadlines, including final reporting deadlines. If club does not execute project, grant monies MUST be returned. If club does not complete and submit Project Completion report per due dates the club will be put on the ineligible to receive a future grant list.*

Name (Please Print) \_\_\_\_\_

*Club President*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MUST meet one of these DEADLINE Dates:**

January 26, 2024 or August 23, 2024

Optimist International Foundation  
4494 Lindell Blvd. | St. Louis, MO 63108

800-500-8130 | FAX: 314-535-7436

E-mail: [clubgrantapplication@oifoundation.org](mailto:clubgrantapplication@oifoundation.org)