



**AFFILIATION  
GRANT APPLICATION**

## Affiliation Grant Application Information

Affiliation Grants recognize individual Zeta Psi Chapters for volunteerism in their local community. Aside from ZeteKidz high profile international events which bring members together from chapters around North America, ZeteKidz also offers members the opportunity to become involved with a local community organization on a regular basis.

Zeta Psi chapters work on a regular basis with organizations on campus and in their local communities that serve underprivileged or disadvantaged children. Loosely defined, we term any such active relationship as an “Affiliation,” which makes the organization served eligible for an Affiliation grant. Ideally, an Affiliation has been established for at least one academic year with the potential to continue. A percentage of chapter fundraising dollars is appropriated annually to fund these grants.

**IMPORTANT:** There are three (3) portions of this grant application. One is to be filled out jointly by a representative of Zeta Psi and the potential grant recipient. One must be exclusively filled out by a representative of the Zeta Psi chapter, and the other by the potential grant recipient. Submit all three forms together. Incomplete applications will not be considered for distribution.

**For the chapter representative:**

You are responsible for submitting the grant application. Be sure to collect all materials from your organizational contact prior to application submission.

We will need the chapter information as well as the organization’s information before we process the application. Once we have received the application the grant request will be reviewed by the ZeteKidz Grant Distribution Committee. Applications are accepted on a rolling basis.

Send your completed information to:

**ZeteKidz  
Attn: Affiliation Grants  
201 Lexington Pky S  
St Paul, MN 55105**



**Affiliation Grant Application**  
**To be completed by Zeta Psi chapter representative**

Please answer the following questions regarding your chapter's Affiliation with an organization that serves children. This form must be completed in its entirety before the application can be processed. If you need to, continue your response on an additional sheet of paper.

**Chapter:** \_\_\_\_\_ **Organization to receive grant:** \_\_\_\_\_

**Chapter Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Provide a description of the volunteer work the chapter provides the organization. Make sure to include days, man-hours and the percentage of membership that volunteers.

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Provide a brief description of how your chapter plans to continue involvement with the local organization.

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Provide a description of your chapter's ZeteKidz activities for the academic year. Include fundraising and community service. Additionally, please list any events that are tentatively planned.

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## **Affiliation Grant Application** **To be completed by recipient/service or ganization**

Please include the following items to be considered for a ZeteKidz Affiliation grant.

1. **Application Form:**

All portions of the application form must be completed in its entirety and submitted jointly with your Zeta Psi representative.

2. **Proposal:**

In addition to the application form, you must submit a general proposal that addresses the following subheadings:

- Explain the need for the grant.
- Describe the population to be served (include total number of children that will benefit).
- Include a brief description of the intended outcomes from the usage of granted monies.
- Describe your relationship and activities with Zeta Psi members.
- Include a statement of your organizations history (include any brochures/pamphlets).

3. **Budget:**

Please include the following financial information. It is necessary that we obtain the following:

- A one-page, line item budget (include both anticipated income and expenditures) for the organization's current fiscal year.
- A budget outlining the appropriation of granted funds.
- Verification of tax-exempt status.
- A copy of the latest audited financial statements.

**Deadlines:**

Grants are distributed on a rolling basis.

**Correspondence:**

Please notify the ZeteKidz office of how the money has aided your organization within six months of receiving a distribution. Help ZeteKidz to continue our grant programs and allow them to grow. There are not specific requirements for this supplemental information, but any photographs or media that can provide are greatly appreciated.



**Affiliation Grant Application**  
**To be completed jointly by recipient/service organization And Zeta Psi Chapter Representative**

Name of organization to receive funding: \_\_\_\_\_

Director/Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

E-mail (if applicable): \_\_\_\_\_

Zeta Psi Chapter designation (i.e.- Phi – NYU): \_\_\_\_\_

Zeta Psi Representative: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Zeta Psi contact address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

What will the funds be used for (briefly describe)?: \_\_\_\_\_

\_\_\_\_\_

**Grant amount requested:** (Grant usually do not exceed \$1000 per year) \_\_\_\_\_

**Future Funding:**

Do you intend to return to ZeteKidz for funding in future years? Yes \_\_\_\_\_ No \_\_\_\_\_

**Long-Range Plans:**

Do you have a long-range over the next three-to-five years which will enable you to operate this project without ZeteKidz funding? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your organizational plans for long-range funding over the next three-to-five years? \_\_\_\_\_

\_\_\_\_\_

**We hereby state that information included in this application is accurate and true to the fullest extent of our knowledge.**

**Signed this date:** \_\_\_\_\_

Organizational Representative \_\_\_\_\_ Printed Name \_\_\_\_\_

Zeta Psi Representative \_\_\_\_\_ Printed Name \_\_\_\_\_