KIWANIS CLUB OF SAN DIEGO FOUNDATION FUNDING REQUEST

FISCAL YEAR _____

DATE_____COMMITTEE_____

CHAIRMAN_____TELEPHONE_____EMAIL_____

REQUESTING GROUP:_____Tax ID No. _____

CONTACT PERSON:_____

ADDRESS:_____

TELEPHONE:_____EMAIL: _____

BRIEF SUMMARY OF MISSION AND PROGRAMS OF THE REQUESTING GROUP:

_____

_____

_____

Note: A copy of IRS 501(c) 3_letter granting tax exempt status must be attached.

LIST EACH ACTIVITY OR PROJECT FOR WHICH KIWANIS FUNDS ARE BEING SOUGHT:

_____

_____

_____

_____

SPECIFIC ACTIVITIES SHOWING TOTAL COST AND THE AMOUNT REQUESTED FROM KIWANIS

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL AMOUNT REQUESTED FROM KIWANIS FOUNDATION: $_____

PREVIOUS GRANTS TO THIS ORGANIZATION:

YEAR	AMOUNT	YEAR	AMOUNT
_____		_____	
_____		_____	
_____		_____	

WHO ARE THE KIWANIANS INVOLVED WITH THIS PROJECT AND HOW INVOLVED:

_____

_____

PLANNED RECOGNITION IF GRANT IS MADE:

_____

_____

FUNDING AMOUNT RECOMMENDED: $ _____

RECOMMENDED BY: _____

COMMITTEE CHAIR: NAME SIGNATURE DATE

_____

KIWANIS CLUB PRESIDENT: NAME SIGNATURE DATE

RECOMMENDATION FROM KIWANIS FOUNDATION FINANCE COMMITTEE

_____ $ _____

SIGNATURE DATE AMOUNT

APPROVED BY FOUNDATION BOARD: _____ $_____

SIGNATURE DATE AMOUNT