

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 KIWANIS 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