



KIWANIS CLUB OF INDIANA, PENNSYLVANIA

REQUEST FOR FUNDING SUPPORT

Organization Name _____ Amount Requested _____

Contact Person _____ Email _____

Title _____ Phone _____ FAX _____

Address _____ City _____ State _____ Zip _____

Briefly describe the purpose of this request (who will benefit, number of children/families that will be served, what community need will this request meet)

What additional funding support will be needed to accomplish this request?

Describe any efforts to obtain funding from other sources.

Has your organization received financial support/commitment from other sources for this project?

Are there any similar programs in our community?

OR Please list other organizations providing similar programs.

Would you be interested in receiving membership information about Kiwanis?

_____ yes

_____no

Please attach a copy of your organizations Form 501 (c) 3 tax exempt letter