



FUNDING REQUEST APPLICATION

Organization: _____

Organization Address (street, city, zip code): _____

Organization Representative: _____

Org Representative Telephone Number: _____

BRIEF DESCRIPTION OF PROJECT/PROGRAM FOR WHICH FUNDING IS REQUESTED:

PURPOSE:

___ Education ___ Health/Safety

___ Other (Explain) _____

TYPE OF PROJECT/EXPENDITURE:

1.	Capital _____	\$ _____
2.	Program _____	\$ _____
3.	Operating/Administrative _____	\$ _____
4.	Other _____	\$ _____
TOTAL REQUEST:		\$ _____

TARGET POPULATION (Direct beneficiaries of the requested funds):

- Who will Benefit? ___ Youth ___ Elderly/Senior ___ Veterans ___ Others

Describe _____

- Approximate number who will benefit: _____

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BUDGET FOR PROPOSED PROGRAM/PROJECT:

1. Total Budget \$ _____
2. Amount Requested from Kiwanis Club of Ramona \$ _____
3. Potential Funding - What funds from other Private and/or Public sources have been received or are under consideration? Indicate amount and source.

Funds Received

Other Possible Funds

HISTORY/FUTURE OF PROGRAM/PROJECT:

1. Is this a new or an on-going project? _____
2. Describe the project, and if this is an on-going project, also describe previous successes/accomplishments? (attach supporting documents)

TIME FRAME: (Deadlines or Critical Dates):

DATE OF SUBMISSION: _____

(Signature of Organization Representative)

APPROVED BY BOARD ACTION ON:

(Signature of the Secretary)

(Date)