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**Glendale Kiwanis Foundation**

**Budget Request Form**

**Fiscal Year October 1, 2023 through September 30, 2024**

*Please submit this completed form, including attachments, to Patricia Larrigan, Club Secretary,*

*for EACH proposed project.* ***Email:***[glendalekiwanis@gmail.com](mailto:glendalekiwanis@gmail.com)

***Mail:*** *Glendale Kiwanis, PO Box 10545, Glendale 91209-3545*

*Or return it to the Glendale Kiwanis member who provided it to you by August 17, 2023*

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FORMS ARE DUE TO GLENDALE KIWANIS BY 8/18/23**

**Submitted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Glendale Kiwanis Club Member Sponsor (*REQUIRED)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Non-Kiwanis Club Projects*: AN ITEMIZED BREAKDOWN OF EXPENSES MUST BE ATTACHED TO THIS FORM IN ORDER TO BE CONSIDERED FOR FUNDING***

***If funding is for an Event Sponsorship, please attach Sponsorship solicitation materials***

***which include a brief description of what/why the fundraising is being done.***

***Glendale Kiwanis does not fund projects requesting salary funding.***

***Additional sheets may be attached to fully answer any questions below.***

**Project/Item Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Fund Request\_\_\_\_\_\_\_\_ Previously Funded \_\_\_\_\_\_\_\_\_\_\_**

**1. When was this Project first started:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Project: Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_**

**2. If operated by another party, please indicate the name of the person/organization:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Description of Project/Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. What is the community need for this Project and how will it meet/benefit that need ? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. How will/does this Project assist Glendale Kiwanis and its Members in fulfilling its charitable mission of service to the children of our community? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**6. Will/How many volunteers will be required? \_\_\_\_\_\_/\_\_\_\_\_\_When (MM/DD/YY)? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_**

**If more than one day, please list anticipated volunteer opportunities/days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**7. What is your best estimate of total service hours for the Project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Please state the amount of income expected from the Project (if any): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Additional Comments that would aid our evaluation and make Glendale Kiwanis want to partner on this project (additional sheets may be attached):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Attachments:**

***Required for Non-Kiwanis Projects***

Itemized Expenses Breakdown and/or Sponsorship Materials \_\_\_\_\_

***Optional:***

Additional Sheets for Support\_\_\_\_

Other Supporting Documents \_\_\_\_

**FOR KIWANIS USE ONLY:**

**Standing Committee Chairs** (please initial):

**Community Service (CS)\_\_\_\_\_\_\_\_**

**Human & Spiritual Values (HSV)\_\_\_\_\_\_\_**

**Sponsored Leadership Programs (SLP)\_\_\_\_\_\_\_\_**

**Young Children Priority One (YCPO) \_\_\_\_\_\_**

**Youth Services (YS)\_\_\_\_\_\_\_**

**Budget Approval /Recording 2023-2024:**

President\_\_\_\_\_\_\_ Secretary\_\_\_\_\_\_\_