



# Kiwanis®

## CLUB OF GLENDALE

### 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

**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:** \_\_\_\_\_

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