|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Requesting Party / Organization: | | |  | | | | | | **Society #:** |  | |
| Contact Person: | | |  | | | | **Position:** | |  | | |
| Mailing Address: *(Street, City, Prov., PC)* | | |  | | | | | | | | |
| Location Address: *(if diff. than M/A)* | | |  | | | | | | | | |
| **Bus. Phone** | |  | **Cell Phone:** |  | | | **Email:** | |  | | |
| **YES** | **NO** | **What type of assistance do you require?** | | | | | | | | | |
|  |  | Financial support? | | **Requested Amount:** | | $ | | **Date Needed:** | | |  |
|  |  | Volunteer support? | | **How Many:** | |  | | **Date Needed:** | | |  |
|  |  | Will this request support children & Youth? | | | **How Many:** |  | | **Age Groups:** | | |  |
|  |  | Kiwanis Financial assistance in the past? | | | **Amount:** |  | | **Date:** | | |  |
|  |  | Other organizations supporting this effort? | | | **If so who (2):** |  | | | | | |
|  | | | | | |
| **Provide a brief description of your organization and services you provide. *(i.e. years incorporated, is your organization managed by a volunteer board? How does your organization support children & youth?)*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Provide a brief summary description how this program / service supports children & youth. *(who, what, when & where)*** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Please describe how your organization will recognize Kiwanis for their support*.***  ***We will provide official Kiwanis logo and wording. Kiwanis approved signage (some signage provided by Kiwanis Club)*** | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization’s:** |  | Website |  | Facebook |  | Facility (Signage) |  | Brochures/Flyers/Event Programs |
| **News Outlets:** |  | Castanet |  | Newspaper |  | Radio |  | Other Website News Outlets |
| **Other:** |  | | | | | | | |