



REQUEST FOR ASSISTANCE

DEADLINE DATE: AUGUST 15

Requesting Party / Organization:			Date:	
Contact Person:		Position:		
Mailing Address: <i>(Street, City, Prov., PC)</i>				
Location Address: <i>(if diff. than M/A)</i>				
Bus. Phone		Cell Phone:		Email:

YES	NO		
		Are you Not-for-profit?	Year Incorporated:
		Society #:	
		Is your organization managed by a volunteer board?	
		Do you deliver at least one program that benefits the community?	
		Does the program benefit children & youth?	Ages:

Provide a brief description of your organization and services you provide.

YES	NO		
		What type of assistance do you require?	
		Volunteer	
		Financial	
		Other	
		Is this project/program a one-time/short-term (completed within one year)?	
		Is this project/program an on-going program (longer than one year)?	

Provide a brief summary description (Who benefits, how many, age groups, where and how)

If more space is needed please use the back of this form or attach a 2nd sheet

Volunteer Assistance: Attach a schedule including **dates, times, and number of volunteers** required for each shift

Financial Assistance: When applying for financial assistance, please ensure you have included the appropriate **Budget Requirements.** *Budgets should include all project revenues and expenses*

Short-term / one-time only requests (full project budget)

On-going Project/Program (a 3-year projected budget) it is important to understand that your on-going program should not be solely dependent upon Kiwanis funding.

Requested Amount: \$ Date Funds Required:

OTHER SOURCES OF SUPPORT

Do you receive funding from the BC Gaming Commission? Yes No *If so, how much?* \$

Have we supported your organization in the past? Yes No

How have we supported you or your organization? Financially Volunteer Hours Both

What other organizations support this project? *(List Sources and Amounts – Use a 2nd sheet if needed)*

By signing this application, I believe the statements herein to be true.

Signature of Individual/Organization's President or authorized signatory _____ 1 | Page

(Revised: June 2016)



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DEADLINE DATE: AUGUST 15

Organization Name:		Date:	
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The Kiwanis Club of Kelowna – Summit fund-raises plus receives a portion of their community funding from BC Gaming, which is to be distributed to local non-profits. Therefore, if we use Gaming funds to support your project in whole or in part, we are obliged to ensure the following questions have been answered in order to satisfy BC Gaming criteria and before we can approve an application for requested assistance.

Please complete the following:

TRUE	FALSE	The recipient organization is:
		Not a business
		Not a fundraising group or committee (i.e. judo, karate, band fundraising)
		Not a political party, political action group or lobby group
		Not a federal, provincial, regional, municipal or other local government
		Not a hospital or medical or health care facility.
		Not a school (donations may be made only to parent advisory councils)
		Not a correctional facility
		Not a group with illegal purposes
		Not another service club

All of the following statements about the recipient program must be true in order to be eligible to receive donations of gaming funds from the Kiwanis Club of Kelowna Summit

TRUE	FALSE	The recipient organization is:
		Inclusive and open to the community
		Of benefit to the community, not just members of the organization
		Not a fundraising event (i.e. Cops for Cancer, Relay for Life, etc.)
		Not delivered through a contract or funding agreement
		Not for research purposes
		Not for provision of subsidized housing (i.e. senior housing complexes, low cost housing, etc.)
		Not for vocational training
		Not religion-based ceremonies, services, church activities, etc. that benefit mainly the parishioners. Funds cannot be used for renovations or maintenance of religious facilities.
		Not an individual sports team
		Not a major capital project

KIWANIS RECOGNITION *(Please describe how your organization will recognize Kiwanis for their support)*

REPORTING REQUIREMENTS

A final report for short-term projects and annual updates for longer projects. Reports should include results, numbers of children served, financial overview, other information.

COMMENTS / ADDITIONAL INFORMATION *(If you have further comments – please use a 3rd sheet)*

Submit your application by August 15 to the address listed above or via email to: kiwaniskelowna@gmail.com

By signing this application, I believe the statements herein to be true.
 Signature of Individual/Organization’s President or authorized signatory _____ 2 | Page

(Revised: June 2016)