

Kiwanis Club of Alpine Funding Application

Organization Name _____

Contact information including phone and email _____

Name & address of Payee _____

Description of activity or service _____

Description of people served - what will be needed or provided and by when _____

Timeline for completion of activity or service _____

Proposed budget for expenditure of funds _____

Other comments _____

Send request to:

**Kiwanis Club of Alpine, P.O. Box 306, Alpine CA 91903 or email to president@alpinekiwanis.org and secretary@alpinekiwanis.org
Alpine Kiwanis Board meetings are held at the
Alpine Community Center 1830 Alpine Blvd. Alpine
on the 1st Wednesday of each month at 6:30 pm**