

Application for funding from the Snoqualmie Valley Kiwanis

Please check all of the following that apply to your request.

- In line with Kiwanis' mission to serve children and families
- Local organization serving local families; organization address: _____; area served _____
- Organization has a Kiwanis advocate; name of advocate _____
- Relates directly to activities or projects that Kiwanis is already involved in - eg. giving tree; baby corner; key club; related activity _____
- Organization has assisted Kiwanis with one or more Kiwanis projects - ie giving tree; key club, please identify _____
- Request serves an underserved population; please identify population to be served _____.
- There is a documented potential impact of the donation- Please identify documented impact. This may include number served _____; number of services to be provided _____; or other documented impact _____

Please complete the following questions:

1. Name of organization requesting funding _____

2. Is the organization a nonprofit ___yes ___no

3. Amount requested _____ Total program cost _____

4. Other sources of funding _____

5. What is plan if all the money needed is not collected: _____

6. Description of population to be served:

7. Description of services or uses of funding : _____

8. Why is money needed: _____

Timeline for project (i.e date of event; when money needed by, other deadlines for funding or funding notification) _____