



2010
KIWANIS CLUB OF GRAND JUNCTION
REQUEST FOR ORGANIZATION FUNDING SUPPORT
Submission Deadline: Friday, June 25, 2010

Organization Name _____ Amount Requested _____

Contact Person _____ Email _____

Title _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Briefly describe the specific purpose of this request:

Check which major Kiwanis emphasis area this request best matches?

If other, describe:

- Child Care
- Early Development
- Maternal and Infant Health
- Parenting Skills
- Pediatric Trauma
- Child Safety

Who will benefit from this request?

What community need will this request meet?

What additional funding support will be needed to accomplish this request?

Is receiving this support based on the need for matching funds? Yes No

If yes, explain:

Please list other organizations providing similar programs:

Are there any in-kind services your organization would like to discuss with KiWANIS?

ATTACHMENTS REQUESTED: List of current board or advisory members
Copy of organization's IRS 501 (c) 3 tax exempt authority

Return Application to:

Kiwanis Club of Grand Junction
Attn: Allocation Committee
P. O. Box 1377
Grand Junction, CO 81502