

Funds are being requested for: (if more than one is checked, provide percentages):

Capital _____ General operating support _____

Start-up costs _____ Project/program support _____

Other (list) _____

Project dates (if applicable) _____ - _____ Fiscal year end: _____

C) BUDGET INFORMATION

| | |
|--|----|
| Grant amount requested: | \$ |
| Total annual budget for this project/program: | |
| - With this requested amount: | \$ |
| - Absent this requested amount: | \$ |
| Funds available to date: | \$ |
| Primary source(s) of current and future funding: | |
| | |
| Long term strategy (if applicable) for sustaining project/program funding: | |
| | |

Has the Noon Kiwanis Foundation provided funding previously? Yes _____ No _____

If Yes, please indicate most recent amount and year: \$ _____ / _____

D) SUBMITTAL AUTHORIZATION

Name / Title of staff or board member: _____ / _____

Signature: _____ Date: _____