

**KIWANIS CLUB OF GADSDEN
YOUTH SERVICES COMMITTEE
ALLOCATION APPLICATION**

Organization _____ Date _____

Address _____

Mailing Address (if different) _____

Phone Number _____ Fax Number _____

Contact Person _____ Title _____

Email Address _____

Purpose of Organization

IN PROVIDING THE FOLLOWING INFORMATION, PLEASE INCLUDE ETOWAH COUNTY RESIDENTS ONLY.

Target Audience (Those you are seeking to reach) Children _____ Adults _____ Families _____ Senior Adults _____

Services Provided

Average Number of Monthly Contacts _____ Cost per Contact _____

Supplies/Services Used

Staffing Numbers: Fulltime _____ Part-Time _____ Year of formation of organization _____

Do you provide Seasonal _____ or Year-Round _____ Services?

Annual Budget _____

Sources of Revenue or Allocations and Amount:

Annual Fund Raisers _____ United Way _____

Sales of Products or Services _____ Individual Pledges _____

Other _____

Additional information that would assist the Kiwanis Club of Gadsden in knowing more about your organization and the services it provides.

Amount Requested _____

Is this a One Time Request _____ or an Ongoing Request _____?

The funds will be used for the following purposes/programs/services. (Please include in this description how many people will be served if the grant is funded in full. It would be helpful to know, for example, the per person expenditure for the grant funds requested.)

Why should Kiwanis contribute this amount to your organization?

Signature of Person Completing This Form

Name and Title

Please complete this form and send to:

The Kiwanis Club of Gadsden Foundation
Youth Services Grant Committee
P. O. Box 877
Gadsden, AL 35902-0877

This completed application must be received by Kiwanis prior to any funding being allocated to your organization.

This portion to be completed by Kiwanis Club of Gadsden.

First Time Request _____

Ongoing Request _____

Amount Requested Previous Year _____

Amount Allocated Previous Year _____

Comments

Authorized by _____

Date _____