

**MANTECA SUNRISE KIWANIS**  
**FUNDING APPLICATION**

The completion of this application does not guarantee funding of your request

**INSTRUCTIONS:**

1. All requests for funding will be reviewed by the Board of Directors at their monthly meeting (currently the first Thursday of the month).
2. All proposals must be submitted to an officer of the Board by the 25th of the month prior to the Board Meeting to be considered for funding. If not submitted by the 25th, the request will be delayed until the following meeting.
3. You may be required to submit additional information or make a presentation to the Manteca Sunrise Kiwanis Club or the Board of Directors.
4. In some cases, proof of purchase or receipts may be required.
5. Be sure to fill out this form completely, leave no blanks.
6. If additional space is needed, you may attach additional pages or items of interest.

**Information:**

1. Name of organization & contact or individual: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Date organization established: \_\_\_\_\_ Non-profit: Yes No  
(CIRCLE ONE)

4. **Total amount requested:** \$ \_\_\_\_\_

5. Describe the project: \_\_\_\_\_

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6. Detail how funds will be used: \_\_\_\_\_

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7. Anticipated Total amount of the project: \$\_\_\_\_\_

8. List other sources of income that will be used:\_\_\_\_\_

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9. What other methods of fundraising will be used or planned:\_\_\_\_\_

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I certify that the information is complete and accurate.

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Signature

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Print Name

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Date of application

**If unable to deliver in person the application can be mailed to:**

**MANTECA SUNRISE KIWANIS  
BOARD OF DIRECTORS  
P.O. BOX 752  
MANTECA, CA 95336**

(must be post marked by the 22nd of the month to be considered for funding at the next meeting of the Board)