|  |  |
| --- | --- |
|  | Please enter information below |
| Date: |  |
| Name of Organization/Tax ID #: |  |
| Address: |  |
| Contact Name: |  |
| Contact Number: |  |
| Contact Email: |  |
| Amount of Funds Requested: |  |
| Project Name: |  |
| Date Funds Requested by: |  |
| Check(s) to be made out to: |  |
| Describe how funds will be used: |  |
| Include any other information you think is relevant:  Are you willing to be a speaker at our Kiwanis weekly meeting? |  |
| Submitted by: (Project Director or Officer of Record) | Print: |
| Sign: |

\*Once submitted, request will be reviewed by Kiwanis board members

\*Any request $500 or over, a representative from the organization will need to present at a Kiwanis board meeting

For Kiwanis Use Only:

Approvals:

|  |  |
| --- | --- |
| President, Kiwanis of McKinney | Date |
| Treasurer, Kiwanis of McKinney | Date |