KIWANIS CLUB OF GADSDEN YOUTH SERVICES COMMITTEE (Deadline: March 28)

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	
Target Audience (Those you are seeking to reach) Childre	en 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?
	s/programs/services. (Please include in this description how many . It would be helpful to know, for example, the per person expenditure
Why should Kiwanis contribute this amount to yo	our 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	
	iwanis prior to any funding being allocated to your organization.
	completed by Kiwanis Club of Gadsden.
First Time Request	Ongoing Request
Amount Requested Previous Year	Amount Allocated Previous Year
Comments	
Authorized by	Date