

Referred Member (if any):



Date of Request:



Kiwanis
CLUB OF LITTLE HAVANA

Request for Kiwanis of Little Havana Funds

Forward completed form to Kiwanis of Little Havana,
1400 SW 1st Street, Miami, FL 33135

Organization/Individual Requesting Funds:

Contact Name and Phone No.

Describe the project/reason that you are requesting funds for (attach additional sheets if necessary):

Describe who will be served (age and/or ages, service and/or services, size of population, etc.):

What will be the use/benefit of this request, if funded? What would the funding be used to purchase (be as specific as possible)?

Have you submitted funding requests to Kiwanis of Little Havana before? Y N

If yes, when and describe the request (s).

Have you submitted funding requests to other potential funding sources for this request? Yes No

If yes, please describe the status of the other request (s).

Total cost of project:

\$

Amount requested from Kiwanis of Little Havana

\$

**Approved funds not claimed within sixty (60) days of approval date will be forfeited.

What will be the impact if this request is not approved?

Please attach any additional information that you believe will be helpful when we review this request.

Signature of applicant:

The Kiwanis of Little Havana reviews funding requests during its monthly Board meetings (last Thursday of every month). We will let you know the status of your request within five (5) business days after the meeting.

For Kiwanis of Little Havana use only:

Date request received:

Date of Board review:

Not approved:

Approved:

Amount:

\$

Check #:

Date: