

Newnan Kiwanis Club, Inc.
Post Office Box 313
Newnan, Georgia 30264

Application for Funding Consideration

Date of Application _____

Name and Address of Organization: _____

Name/Title of Representative to contact: _____

E-Mail Address: _____ Phone #: _____

Federal Identification Number (EIN #): _____ **Do you have 501(c)3 status?** _____

How long has your organization been in existence? _____

What is the mission of your organization? _____

How would funds from the Newnan Kiwanis Club be spent? _____

How much is your organization requesting from the Newnan Kiwanis Club? \$

Please provide the following information from your current operations:

Total current operations budget:	\$ _____	# of paid employees:	_____
Total salary expense:	\$ _____	# of volunteers utilized:	_____
Percent of total budget allocated to salaries:	% _____	# of patrons served:	_____

NOTE:

Please complete this entire application and attach following information:
*Current **FINANCIAL** statement & detailed **BUDGET** for the coming year
*Schedule for volunteering at fair (not required for new applicants)

Mail application and attachments to the address at top of this page

(WITHOUT ALL REQUESTED INFORMATION YOUR APPLICATION WILL NOT BE CONSIDERED)

APPLICATION DEADLINE IS AUGUST 31st.

(TO BE CONSIDERED FOR FUNDING - THIS APPLICATION MUST BE RECEIVED BY DEADLINE)