



Lansing Kiwanis Club Endowment Fund

Kiwanis Club of Lansing

Since October 31, 1983

Request for Funding

(Please submit four copies)

Purpose of this form: By completing the form in its entirety, the Lansing Kiwanis Club Endowment Fund can act upon your request in a timely manner.

I. DATE: _____

II. TITLE OF PROJECT: _____

III. SUMMARY DESCRIPTION OF PROJECT

A. Amount of Request: \$ _____

B. Describe for which funds are to be used (50-100 words, please use separate sheet).

IV. The following must be confirmed for Funding Requests to be considered:

- A. Organization is a non-profit, already holding 501(c)(3) tax exempt Status. Yes No
(Please submit copy of most recent IRS 501(c)(3) determination letter.)
- B. Project and programs is in the area of human services, health, education, family support or civic/cultural in nature. Yes No
- C. Additional funding and matching gifts from other donors are encouraged: Yes No
- D. Programs promoting cooperation among agencies without duplication of services are encouraged: Yes No
- E. Request is not in the areas of religious purposes, endowments, political or for individuals. Yes No
- F. Organizations receipts are under \$25,000 and IRS form 990 is not required: Yes N/A
- G. Organizations receipts are over \$25,000 and IRS form 990 is attached: Yes N/A
- H. Organizations receipts are over \$100,000 and copy of organizations most recent financial report and IRS form 990 are attached: Yes N/A

V. ORGANIZATIONAL INFORMATION:

A. ORGANIZATION

- 1. Name _____
- 2. Address _____
- 3. City, State, Zip _____
- 4. Phone / fax _____
- 5. Tax Identificaiton Number _____
- 6. Concise history and mission of the organization including purpose, objectives, population served by type and number. (please attach separate sheet or brochure).

B. CONTACT:

- 1. Person: _____
- 2. Address _____
- 3. City, State, Zip _____
- 4. Phone / fax _____



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C. STAFF (Director, etc)

- 1. Contact Person: _____
- 2. Address _____
- 3. City, State, Zip _____
- 4. Phone / fax _____

D. OFFICERS & BOARD members or Organization, List Names:

VI. Needs Assessment:

A. Explain briefly the needs this project meets; _____

B. Are there, to your knowledge, other organizations in our area addressing these needs? If so, how do you justify your activity on this project? _____

VII. Public Relations:

- A. Please submit a pre-approved Press Release to be issued
- B. Please submit a brief status report upon completion of the program or project.

VIII. Procedure:

- A. Forms are to be submitted by the 10th of February, April, June, August, October or December in order to receive prompt action.
- B. The committee will be informed of action by return of this form with final determination as indicated below:
- C. The contact person to whom to submit request and to any questions or inquires should be directed to is:

Robert Nelson
 1423 Fair Oaks
 East Lansing, MI 48823
 Phone: 517-332-3125 Fax: 517-482-0887
 Email: rbnelson@gmail.com

To be completed by Lansing Kiwanis Endowment Fund

IX. Action:

The Trustee's of the Lansing Kiwanis Endowment Fund, at a meeting on _____

Approved / Denied this request in the amount of \$ _____ .00