

**COMPLETE AND RETURN TWO COPIES TO:**

Kiwanis Club of Montgomery Foundation  
4137 Carmichael Road, Suite 110  
Montgomery, AL 36106  
Prior to or on: **January 31, 2025**

*Application must be submitted on this form. Others  
will be returned.*

**CAPITAL FUND DRIVE & CAMBERSHIP  
REQUESTS WILL NOT BE ACCEPTED**

The Kiwanis Club of Montgomery will only consider Applicants who have not been funded within the past year

**APPLICATION FOR FUNDS FROM KIWANIS CLUB OF MONTGOMERY FOUNDATION**

1. Name of applicant organization \_\_\_\_\_

2. Address \_\_\_\_\_

3. Date organized: \_\_\_\_\_

4. List of Officers and Directors and their positions and year within which their term expires:

<u>Name</u>	<u>Position</u>	<u>Term</u>	<u>Name</u>	<u>Position</u>	<u>Term</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

5. Is organization a 501(c)(3) charitable organization? \_\_\_\_\_

6. IRS identification number is \_\_\_\_\_. Attach a copy of identification letter from IRS.

7. What geographic area does your organization serve? \_\_\_\_\_

8. Sources and amounts of annual operating funds:

United Way                      \$ \_\_\_\_\_

Investment Income              \_\_\_\_\_

Membership                      \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total annual revenue:    \$ \_\_\_\_\_

9. Uses of operating funds:

Administrative and fundraising expense: \$ \_\_\_\_\_

Program services expense (identify major programs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total annual operating expense: \$ \_\_\_\_\_

10. Explanation of current project or program for which funding is being requested from the Montgomery Kiwanis Club Foundation. Identify other organizations from which financial support is being requested for this program or project.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

11. Amount requested from Montgomery Kiwanis Club Foundation: \$ \_\_\_\_\_

Other sources of support for this project:

\_\_\_\_\_

Total project or program cost: \$ \_\_\_\_\_

12. Can this request be the source of matching funds? Explain: \_\_\_\_\_

\_\_\_\_\_.

13. History of previous grants from the Montgomery Kiwanis Club or the Montgomery Kiwanis Club Foundation during the most recent 6 years:

20____	\$ _____	20____	\$ _____	20____	\$ _____
20____	\$ _____	20____	\$ _____	20____	\$ _____

14. Person to contact regarding this application: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

15. Application submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**Agencies submitting applications by either United States Postal Service or other delivery service, such as Federal Express or UPS, must either email Katie Main, Executive Director, at [kmain@montgomerykiwanis.org](mailto:kmain@montgomerykiwanis.org) or call the office at 260-7996 to confirm receipt of the application. Kiwanis Club of Montgomery Foundation is not responsible for packages lost or misplaced in the delivery process and, therefore, received after the **January 31<sup>st</sup>** deadline. Such applications cannot be considered.**