



Have you requested funds from other Kiwanis Clubs or other organizations? If so, please list the club or organization names for reference:

Will the funds being requested be used in the Aurora area? If not, please indicate where the funds will be utilized:

Do you have a projected budget for this program? If so, please attach it.

What percentage of your funding request will be applied to administration?

How will you evaluate the program's outcome? Will this information be shared with us?

How did you learn about the Kiwanis Club of Aurora and its donation opportunities?

The undersigned certifies that the information provided above for the purposes of this grant application is true and correct and authorizes the Kiwanis Club to investigate the references, statements, or other data listed or accompanying this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR KIWANIS CLUB USE ONLY**

Date Received:

	Date of Review		APPROVED	
	YES	NO		
Foundation Chairman				
Foundation Committee				
Kiwanis Board				