

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

## Application for Funding Consideration

Budget Year 10/1/2018 -- 9/30/2019

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

Or email to Carol Hill at: [chill@rutledgecenter.org](mailto:chill@rutledgecenter.org)

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

## APPLICATION DEADLINE IS FRIDAY, AUGUST 31, 2019

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