

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

Or email to Mike Barber at: mike.barber4@gmail.com

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