



## 2017 Major Project Request for Proposals

The Athens Kiwanis Club was founded in 1920, and is a local civic club serving the youth of our community. Kiwanis International and the Athens Kiwanis Club's mission is *Serving the Children of the World*, especially those in our community. Each year, Athens Kiwanis Club invests more than \$40,000 in our community to help our youth succeed and thrive.

Athens Kiwanis Club is currently accepting funding proposals for a major project. Funding will begin in 2018. Please fill out the form below and return to P.O Box 614, Athens, TN 37371 no later than Friday, July 7, 2017.

### Eligibility

The funded project must benefit the youth of McMinn County. The organization must be located in McMinn County, serve McMinn County residents and have a proven track record of successful outcomes, active volunteer base with leadership and oversight, and clearly stated outcomes for Athens Kiwanis Club's investment.

### Awards

The maximum award will be \_\_\_\_\_ over a period of \_\_\_\_\_ years.

### Application

Legal Name of Organization \_\_\_\_\_

Address of Organization \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Incorporation \_\_\_\_\_

EIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Request \_\_\_\_\_ Amount of Request \_\_\_\_\_

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Geographic Area Served \_\_\_\_\_

Organization Total Budget \_\_\_\_\_ for fiscal year ending \_\_\_\_\_

Percentage of Budget that goes toward your organization \_\_\_\_\_

Number of youth served annually \_\_\_\_\_

Number of youth you anticipate serving if funded by Athens Kiwanis Club \_\_\_\_\_

Mission Statement of the organization and services provided:

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**Purpose of Request (Include amount requested and specifics of how funds will be used)**

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Other Sources of Funding for this program:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Expected Benefits of Funded Project \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

I certify that the information supplied on this application is true to the best of my knowledge.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**Submission Instructions:**

Send the original application with five copies, along with a list of your board of directors to:

Athens Kiwanis Club  
PO Box 614  
Athens, TN 37371