

**2019 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 over $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 October 2019. Please fill out the form below and return to P.O Box 614, Athens, TN 37371 no later than **July 1, 2019.**

**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 is to be determined.

**Application**

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

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

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

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

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

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:

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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 37371-0614