

**The Corvallis Kiwanis Foundation**  
**Application for Funding 2009-2010**

Name of Organization \_\_\_\_\_ Date \_\_\_\_\_

Person and Title making application \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ (please write clearly)

Address of Applicant \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Are you a Non Profit Organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Your Non Profit EIN Number \_\_\_\_\_

Is This Request for a specific project? \_\_\_\_\_ or general budget ? \_\_\_\_\_ (please check)

Amount Being Requested \$ \_\_\_\_\_ If for a Project - Total Budget \$ \_\_\_\_\_

Other Sources of Funding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of individuals in Benton/Linn County who will benefit from this grant request \_\_\_\_\_

Date funding needed \_\_\_\_\_ Expected project completion date \_\_\_\_\_

**Brief Description of what the funding is for. Please include number of people being served and geographic area of services. (You may include a one page summary of your project and/or your organization with this application)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Send Application to: **The Corvallis Kiwanis Foundation**  
**PO Box 1602**  
**Corvallis, OR 97339**

Email applications to [foundation@kiwaniscorvallis.org](mailto:foundation@kiwaniscorvallis.org)

Questions, please contact Carla Friedt, Foundation Secretary at 740-5340 or [constantgardener@comcast.net](mailto:constantgardener@comcast.net)

**APPLICATIONS WILL NOT BE ACCEPTED LATER THAN OCT. 2, 2009**