

**Kiwanis Club of Corvallis  
Youth Services Committee**



**Request for Funding Form**

1) **Date** of funding request (personally submitted, mailed, or emailed): \_\_\_\_\_

2) **Name of business, group, agency, organization, school, institution, or individual requesting funds:** \_\_\_\_\_

3) **Contact person(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

4) Does the **program/project** for funding have a **specific name**? Yes No  
if 'yes', list the **program/project name:** \_\_\_\_\_

5) **Amount of money** requested: \$ \_\_\_\_\_

6) What is your **time-frame for needing the funds?** \_\_\_\_\_

7) Are the **youths who benefit from** the funding from **Benton County**? Yes No  
(explain if 'no') \_\_\_\_\_

8) Approximately **how many youths will be directly impacted** by the funding? \_\_\_\_\_

9) Have you **requested funding** from the Youth Services Committee **before**? Yes No  
if 'yes', when was the **last year** you **requested** YSC funds? Yr. Date: \_\_\_\_\_ Amount: \_\_\_\_\_

for the same use or purpose? Yes No

10) **Describe** (in detail) **your funding request and explain** how the allocated funds from the Youth Services Committee will be used and who will benefit from funding:  
*(this critical element should be written and included as a separate attachment)*

(please do not write below this line – for committee processing only)

**Please send all request materials to:** **FUND REQUEST:** date: \_\_\_\_\_  
Betty Brose, Chairperson  
Youth Services Committee  
Kiwanis Club of Corvallis approved \_\_\_\_\_ ---- full \$ \_\_\_\_\_ partial \$ \_\_\_\_\_  
3224 NW Huckleberry Place  
Corvallis, OR. 97330 rejected \_\_\_\_\_ tabled \_\_\_\_\_