

Please submit your application to: Kiwanis.Northmount@gmail.com

Application Deadline: the 15<sup>th</sup> of each month to be considered in the following month

## **APPLICATION FOR FUNDING REQUEST(S)**

**Use More Pages if necessary** 

Organization Name						
Contact Name			Contact Phone			
Organization Website						
Describe your project the funds will be used		he name of your	project and specif	ically what		
Who will this project impact?						

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What is your total funding request from Calgary Northmount?

What is the total \$ amount of your project?	
How many children in the community will our donation <u>directly</u> impact	t?
How many families / children will our donation indirectly impact?	
What current fund-raising projects are you carrying out?	
How will Calgary Northmount Kiwanis be recognized for our support?	
Are there opportunities to do group volunteer projects with this project	ct/organization YES NO
Is this organization registered under the Societies Act?	YES NO
If yes, what is the Society Registration Number:	
Is this Organization registered with Alberta Gaming (AGLC)?	YES NO
If yes, what is the AGLC Registration Number:	
if yes, what is the AGLC Registration Number.	
Is this a organization registered with the Canadian Revenue Agency?	YES NO
If yes, what is the CRA Business Number?	
What date is the funding required?	]
vinat date is the funding required:	

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Please check off all that apply for this funding application.						
children/youth						
mental health						
impoverished/underprivileged/economically disadvantaged/those who are suffering						
disability						
giving a good start in life						
children/youth empowerment, leadership, confidence building						
education						
single parents						
food insecurity						
diversity/equity/inclusion/accessibility						
Other - please describe						
Is there a member of Northmount Kiwanis sponsoring this application?	Please provide their name.					
Applicant Name (Print)						
Applicant Signature	Date					
For Northmount Kiwanis Use Only						
Has this project been budgeted Y N						
Recommended for Funding Y N						
Date distributed to the Board						
Date Board Approved						
Date Cheque Requested						
Date Cheque Sent						

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