



**Kiwanis Club of Santa Maria / Kiwanis for Kids, Inc.**  
**Application for Community Support**  
*(Must be received 60 days in advance)*

*Please circle the type of support requesting: Sponsorship Grant*

*Please complete the following application and questionnaire.*

*Please include additional attachments (brochures, Sponsorship package details etc.).*

*Applications are reviewed on an on-going basis. We urge you to submit your application in a timely manner.*

Date Assistance Needed By: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
*(Name & Title)*

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Submitted By: \_\_\_\_\_  
*Print Name Signature Date*

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1.) State the proposed use of funds and why there is a need:

2.) Describe the target population for this program, and approx. how many will be served:

3.) When will the project begin, and how long will it continue:

4.) Describe the measurable outcomes of the program:

5.) List any other organizations you are requesting funds from for this program:

6.) Have you received funding from SMKK in the past, and if so, when and for what purpose(s):

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**Kiwanis Use Only**

Recommended by Committee Chair: \_\_\_\_\_ Amount Granted: \_\_\_\_\_

Kiwanis Club of Santa Maria Board of Directors:    Approved                  Denied                                  Date: \_\_\_\_\_

Kiwanis for Kids, Inc.:                                  Approved                  Denied                                  Date: \_\_\_\_\_

President                                  \_\_\_\_\_                  Treasurer                                  \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_                  Check #: \_\_\_\_\_