**APPLICATION FOR FUNDING SUPPORT**

**for 2024/2025**

Brief description of what the funding is for. You may include a one-page summary of your Project and/or your organization with this application: Can be attached.

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not a 501c3 not-for-profit are you partnering with one for this request? Yes\_\_\_ No\_\_\_

If Yes, what is the agencies name and EIN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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We prefer not to support General Budgets, rather programs or needed items; but if this request is in support of a General Budget, please provide a copy of your budget.

Amount being requested $\_\_\_\_\_\_\_\_\_\_\_\_ If for a Project, total budget? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied for support of this project from one of our two Corvallis Kiwanis Clubs or one of their committees in the last year (Oct. 2023- Sept. 2024)? Circle- Yes or No.

If “yes” how much did you receive? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

Do you receive Federal Funding for your organization? If so, what % of your budget is federally supported?

Other sources of funding for your Project? Please attach a list.

-2-

We are a rather small Benton Co. foundation and we do understand that some organizations provide services in both Benton & Linn Co. Please provide the number of individuals and the % of people served in Benton or Linn County who will benefit from this grant request? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date funding is needed? \_\_\_\_\_\_\_\_\_\_\_ Expected Project completion date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send Application to: **The Corvallis Kiwanis Foundation**

 **℅ Thomas Kiersky**

 **5300 NE HWY 20**

 **Corvallis, OR 97330**

E-mail Application or questions to: **tkiersky@gmail.com**

**APPLICATIONS WILL NOT BE ACCEPTED LATER THAN DEC. 15, 2024**

Please report back the success of your project no later than Sept. 1, 2025

-2-