



Charitable Review Application

KIWANIS CLUB OF CORRALES FOUNDATION
GRANT APPLICATION

Date: _____

Name of Organization: _____

Phone: _____ Email: _____

Address: _____

Project Manager: _____

Is this a new project? Yes No

Brief description of project: _____

Are there matching funds: Yes No (If yes, provide details)

List other sources and amounts of funding as applicable to this application:

Date your organization was established?

Are you a 501c3 organization? Yes No

How many people will benefit from this project?

0-5 years old _____ 6-12 _____ 13-18, _____ over 18 _____

What percentage of your organization's annual budget goes to administration and overhead?

Please complete and return by.....

7/01/08

