

Kiwanis Club of the Poconos–Daybreak
Funding Request

Agency Name requesting funds: _____

Address: _____

City: _____

Name of contact Person: _____

Contact Phone number: _____

Email Address: _____

Project Name: _____

Funding amount requested: _____

Number of people and/or children who will benefit: _____

Description of project: _____

Proposed start date: _____

Proposed end date: _____

Signature (Print): _____

Signature: _____

Make a copy and bring to meeting or mail to:

Kiwanis Club of the Poconos-Daybreak, PO Box 611, Stroudsburg, PA 18360