



Kiwanis®

CLUB OF GLENDALE

Glendale Kiwanis Foundation Budget Request Form

Fiscal Year October 1, 2026 through September 30, 2027

Please submit this completed form, including attachments, to Patricia Larrigan, Club Secretary,
for EACH proposed project. **Email:** glendalekiwanis@gmail.com

Mail: Glendale Kiwanis, PO Box 10545, Glendale 91209-3545

Or return it to the Glendale Kiwanis member who provided it to you by August 13, 2026

Date: _____

FORMS ARE DUE TO GLENDALE KIWANIS BY 8/14/26

Submitted by: _____ Organization: _____

Email: _____ Day Telephone: _____

Glendale Kiwanis Club Member Sponsor (**REQUIRED**): _____



Non-Kiwanis Club Projects: AN ITEMIZED BREAKDOWN OF EXPENSES MUST BE ATTACHED TO THIS FORM IN ORDER TO BE CONSIDERED FOR FUNDING

If funding is for an Event Sponsorship, please attach Sponsorship solicitation materials which include a brief description of what/why the fundraising is being done.

*Glendale Kiwanis does not fund projects requesting salary funding.
Additional sheets may be attached to fully answer any questions below.*

Project/Item Title: _____

Amount Requested: \$ _____ New Fund Request _____ Previously Funded _____

1. When was this Project first started: _____ New Project: Yes _____ No _____

2. If operated by another party, please indicate the name of the person/organization: _____

3. Description of Project/Request: _____

4. What is the community need for this Project and how will it meet/benefit that need? _____

5. How will/does this Project assist Glendale Kiwanis and its Members in fulfilling its charitable mission of service to the children of our community? _____

6. Will/How many volunteers will be required? ____/____ **When (MM/DD/YY)?** ____/____/____

If more than one day, please list anticipated volunteer opportunities/days: _____

7. What is your best estimate of total service hours for the Project? _____

8. Please state the amount of income expected from the Project (if any): \$ _____

9. Additional Comments that would aid our evaluation and make Glendale Kiwanis want to partner on this project (additional sheets may be attached):

Attachments:

Required for Non-Kiwanis Projects

Itemized Expenses Breakdown and/or Sponsorship Materials _____

Optional:

Additional Sheets for Support _____

Other Supporting Documents _____

FOR KIWANIS USE ONLY:

Standing Committee Chairs (please initial):

Community Service (CS) _____

Human & Spiritual Values (HSV) _____

Sponsored Leadership Programs (SLP) _____

Young Children Priority One (YCPO) _____

Youth Services (YS) _____

Budget Approval /Recording 2026-2027:

President _____ Secretary _____