

**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: _____

Make check payable to: _____

Number of children who will benefit: _____

Description of project: _____

Proposed start date: _____

Proposed end date: _____

Signature: _____

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

Or email to club member

Club use only action: Received _____ Considered _____ Approved _____

Notified _____ Check sent _____ Check number _____