SITE SURVEY FOR UNDERSTRENGTH CLUBS

Texas Oklahoma District Foundation Grant

txokkiwanisfoundation@gmail.com

or mail to: P.O. Box 251 Edmond, OK 73083-0251

Clubs are to be under 15 to apply

Name of Person Completing Form: _____

Position in Club: _____

Contact Number: _____ _Email: _____

City of Kiwanis Club: _____

Total Membership _____

What is your Membership Make Up? Regular Members_____ Corporate _____

When Does Your Club Meet? _____ Weekly _____ 2x Month_____ 1xMonth _____

Size of Your Community: _____

Are there other Kiwanis clubs in town? _____

How many other service organizations are in town and who are they? _____

_____

_____

Does Your Club Have a Social Media Presence? _____ Website _____ Facebook

_____Instagram Others: _____

Is there a Community Facebook Page? _____ If so are you a member?_____

Mom's Facebook Page? _____ City Page _____

Does Your Club Support a Sponsored Leadership Program? If so please name them.

_____

Do you Partner with any other local non-profits in town, such as food pantries, shelters, etc

_____

_____

Do You Have an Annual Fundraiser? _____

If So, what is it? _____

Currently What Service Projects are Your Members Working On? _____

_____

_____

What Projects Do Your Community Leaders Say Are Needed? _____

_____

TO Be Filled Out by Foundation

Grant Coach Assigned: _____