

# **Engineers' Foundation of Kansas (EFK)**

## **Request for Funds**

**Program Year - \_\_\_\_\_**

**PROGRAM: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Submitted by: \_\_\_\_\_**

**Contact Person for Program: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Phone No: - Work \_\_\_\_\_**

**- Cell \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

**Other Contacts: Name: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Phone No: - Work \_\_\_\_\_**

**- Cell \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

**Name: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Phone No: - Work \_\_\_\_\_**

**- Cell \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

**Submit Request to: Ms. Christina Driggs  
Engineers' Foundation of Kansas  
825 S. Kansas Avenue, Suite 500  
Topeka, Kansas 66612  
Phone: (785) 233-4512 Ext. 7908  
Email: christinad@gbbaks.com**

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**Name of Program:** \_\_\_\_\_

**Program Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Purpose:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Funding Sources:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program Budget:** Please Attach copies of last year and current year.

**Funds Requested from EFK:** \_\_\_\_\_

**Date funds need to be provided:** \_\_\_\_\_

**Person to receive funds:** \_\_\_\_\_

**Address:** *if other than contact person previously provided.*

\_\_\_\_\_

**Phone No: - Work** \_\_\_\_\_

**Cell** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Other Comments or Needs:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_