Rotary Club of Castro Valley Application for Grant (One-time funding; non-renewable)

Date of Application:			Date Funds N	leeded:
Name of Organization:				
Address:				
Telephone:				
Lead person's name and title:				
Is your organization a registered	501(c)3?	Yes No		
Does your organization file a form 990? Yes No			If yes, please	attach a copy.
Names and Titles of Board Mem	bers:			
Name	Title			Volunteer?
				
				
Has your organization received find year(s), amount(s) and purpose(s)		the Rotary	Club of Castro V	Valley in the past? If so, please list
Project/Program Information				
Description of Project/Program:				
	(Continue	on Reverse)	
Application for Grant for	(Continue		dated

Number of individuals that will benefit from this funding:					
А. То	tal budget for project/program:	\$			
	B. All sources of <u>confirmed</u> funding, including amounts: <u>Source</u> <u>Amount</u>	\$			
	C. All sources of other funding, including amounts: <u>Source Amount</u>	\$			
	D. Total of $B + C$	\$			
E,	Balance needed (D - A)	\$			
Other comments:					

Individual responsible for project/program:

Note: The Castro Valley Rotary Club requests a report at the completion of the program/project, or, if the project/program is not finished, as of June 30 of the year following funding. The report to include the number of individuals who benefitted from the program/project and the effectiveness of the program/project. This report is <u>required</u> if future funding is to be considered by the Castro Valley Rotary Club for any future project/program.