

Marysville Sunrise

Rotary
Club



Marysville Sunrise Rotary
PO Box 723
Marysville, WA 98270

Attn: Club President

Funding Request Form

Date: _____

Organization Name: _____

Federal Tax ID number: _____

Address: _____

Contact: _____ Title: _____

Phone: _____ email: _____

.....
Project Name: _____

Funding Amount Requested: \$ _____ Total Project Budget: \$ _____

Beneficiaries of Project: _____

Other Organizations Contributing Financial Support: _____

What non-financial support can the Club provide? (Volunteer labor, etc.): _____

Project Description (Please provide specific details, including what the funds will be used for, beginning and completion dates, and how the beneficiaries will be impacted):

Attach supporting information to this form, no more than 2 additional pages.
Please also include a copy of IRS non-profit determination letter.

.....
Rotary Use Only

Avenue of Service:

Chairperson:

Notes:

Approved Y N

Date _____

Amt \$_____

Board Members Present:

- Vocational
- Community
- International
- Club