

Minor Grant Request Form

Date _____ Amount requested: (max \$500) _____

Organization the donation would be payable to if approved:

Name of organization _____

Address: _____ City: _____ Postal Code: _____

Contact name; _____ Phone number _____

Email: _____

Please confirm compliance with donation criteria and attach explanatory notes where necessary:

#	Criteria to be met
1	The Donation must be for a specific project (please name)
2	The project must be community focused (brief explanation)
3	The project must fall within Rotary Club of Hamilton AM's mandate of i) Literacy ii) Poverty iii) Children's Well Being etc
4	The project must be within the City of Hamilton preferably the North End if possible or within a reasonable proximity
5	The donation must be time specific, not open ended and thereby used within a certain time frame.

Signature of Official submitting request _____

Please submit your completed Request Form to info@hamiltonamrotary.ca via email.