



Rotary Club of Batavia, New York

FUNDING REQUEST FORM

Name of Project:/Program:

Name of Organization requesting funds:

Name of person submitting proposal:

Contact information for person submitting:

Address: _____

City, State, Zip: _____

Phone (home): _____(cell) _____(work)_____

Email: _____

Is this organization incorporated? ___ YES ___ NO

Is this organization tax exempt with 501(c)(3) status?: ___ YES ___ NO

Amount of funding requested from the Rotary Club of Batavia: \$ _____

Brief description of proposed project (include anticipated outcome and how you will measure the effectiveness or success):

Budget for the project: Include other sources of income for the project/program:

Should an award be granted, how will the Rotary Club of Batavia be recognized?

If you have received prior funding from the Rotary Club of Batavia, how were the funds applied?

In what way did the grant assist you in achieving your project goal?

Person(s) in charge of project:

Signature:

Printed Name:

Date Submitted:

E-Mail completed application (preferred) to:

BataviaRotaryTreasurer@gmail.com

Or mail to:

Rotary Club of Batavia
PO Box 347
Batavia, NY 14021-0347