

WAYNE ROTARY CLUB / FOUNDATION
P.O. BOX 661
WAYNE, MI 48184

GRANT APPLICATION

Date: _____

Applicant Name: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Home: _____ / Cell: _____

Fax: _____ E-mail: _____

Web Site: _____

Description of Project:

Project Name: _____

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

How will the funds be used?

Geographic area served by project: _____

Project beginning date: _____ / Project ending date: _____

Deadline for funding the project: _____