

**COMMUNITY FUNDING APPLICATION
INFORMATION**

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Phone: _____

Email: _____ Website: _____

REQUEST FOR FUNDING INFORMATION

Project Name: _____

Project request is for \$ _____

Project Description and Location: _____

Project Start Date: _____ Project End Date: _____

COMMUNITY NEEDS ASSESSMENT

Who will be served? _____

How many will benefit directly from the project? _____

Please detail the expenses of this project (attach additional sheets if necessary): _____

What other organizations or sources of funding are you seeking or have already acquired?

How will your project serve the specific needs of our community? _____

Will the project require annual support after project completion?

How will Mount Vernon Rotary Club's contribution be recognized?

Describe how Rotarians can be directly involved in your project as volunteers?

REQUIRED APPROVALS

Signature: _____ Title: _____

Print Name: _____ Date: _____

Return to: MV Rotary Club, PO Box 825, Mount Vernon, WA 98273
or the link to the Club President at www.MountVernonRotary.com