

**COMMUNITY SERVICE REQUEST APPLICATION
INFORMATION**

Name of Organization or Individual: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Phone: _____

Email: _____ Website: _____

REQUEST FOR SERVICE

Project Description and Location: _____

Project Needs to Start Date: _____ Project Completion Date: _____

NEEDS ASSESSMENT

Who will this help? _____

Who will benefit from the project? _____

If the project requires funding, please detail them here (attach additional sheets if necessary):__

What, if any, other organizations, or sources of funding are you seeking, or have you already acquired? _____

How will this project serve the specific needs? _____

Will the project require ongoing maintenance and support after completion?

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