



SOUTH EVERETT MUKILTEO ROTARY CLUB

• FUNDING APPLICATION FORM •

Name of Organization: _____

Mailing Address: _____

Telephone: _____ Website: _____

Contact: _____ E-mail Address: _____

• • •

Organization's Mission Statement/Purpose: _____

Geographic Area Serviced by this Request: _____

Annual Operating Budget: _____

Number that will be served by this request: _____

• • •

Amount requested: \$ _____ Project budget: \$ _____

Specific purpose for which funds will be used: _____

Other organizations contacted and amounts requested: _____

Benefits expected by this program: _____

Period of time funds will be expended: _____

Other information you deem important _____

IF THIS REQUEST IS APPROVED, WE AGREE TO PROVIDE INFORMATION TO CONFIRM THAT THE EXPENDITURE OF FUNDS WAS USED FOR THE SPECIFIC PURPOSE STATED WITHIN ONE YEAR OF RECEIVING FUNDS FROM THE SOUTH EVERETT - MUKILTEO ROTARY CLUB.

Signature of requester: _____ Date: _____