

FUNDING APPLICATION FORM

Name of Organization:		
Mailing Address:		
Telephone:	Website:	
Contact:	E-mail Address:	
	•••	
Amount requested: \$	Total project budget: \$	
Organization's Mission Statement/Purpose:		
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Geographic Area Serviced by this Request:		
Organization Annual Operating Budget:		
Number of people who will be served by this request:		
Specific purpose for which funds will be used:		

Benefits expected by this program:	
Time period funds will be expended:	
Other organizations contacted and amounts re	quested:
Other information you deem important:	
IF THIS REQUEST IS APPROVED, WE AGREE TO PIEXPENDITURE OF FUNDS WAS USED FOR THE SEOF RECEIVING FUNDS FROM THE ROTARY CLUB (PECIFIC PURPOSE STATED WITHIN SIX MONTHS
Signature of requester	Date•