



ROTARY CLUB of PRESQUE ISLE

P.O. Box 641

PRESQUE ISLE, MAINE 04769

Presque Isle Rotary Club Funding Request Form

Contact Info

Organization Name: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Contact Name: _____

Contact Title: _____

Contact Telephone: _____

Project Information

Project Title: _____

Project Goals: _____

Public Benefit: _____

If funded by Rotary, what will the funds be used for? (Please note that the Presque Isle Rotary Club will not fund general operating costs for an organization or event.)

Will the funds assist a Presque Isle Area organization or individual? Yes No



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Funding Request Information

Amount Requested: \$ _____ Date Funds are required by: _____

Total Fundraising Goal: \$ _____

Other Funding Sources: \$ _____

Have you requested funds from the Presque Isle Rotary in the past? Yes No

If yes please list approximate date and reason for the most recent request:

Is this organization IRS Designated 501.c.3 or 501.c.4 ?

Will the Presque Isle Rotary's contribution be recognized publically? Please explain:

Are you interested in presenting about your project at a Rotary Luncheon?

Yes No

All requests shall be accompanied by an appropriate cover letter. Please attach any additional relevant information regarding your project. All requests will be reviewed by the PI Rotary Board of Directors on a monthly basis. All applicants will be notified upon the Board's decision.

INTERNAL USE ONLY

Date Received _____

Board of Directors Decision: Yes No

Date: _____

Amount of Donation: _____

Date Payment Sent: _____

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