Applicant Information:	Date:
Name of Organization:	-
Address:	
Contact Name: Phone:	-
Email:	
Organization's IRS non-profit determination? How many paid employees does this organization have?	
Project Information:	
1. Project Name:	
2. Donation Amount Requested:	
3. Briefly describe your project and the specific purpose fo please attach a separate page if necessary	
4. Describe the specific community benefit or outcome tha	t will result from this donation:
5. Approximately how many people will benefit from this of	lonation?

6. Anticipated beginning and ending dates of	this project?
7. Donation Requested?completed what will be become to the award	If awarded and the project does not get?
8. List the names of any Ely Rotary members	involved in this project or organization:
9. How will the Ely Rotary Club donation be a organization?	
Applicant Certification:	
By signing below, we agree to the following:	
All information contained in this application is, to the	e best of our knowledge, true and accurate
-	d in this request to promote donation by various means in local, al media. Photos and stories can also be released to the media.
 Involved parties agree to share information on best contact information to other Rotarians who may we 	st practices when asked. Rotary Club of Ely, MN may provide wish advice on implementing similar donations.
• To the best of my knowledge and belief, except as d	lisclosed herewith, neither I, nor any person with whom I have
or had a personal or business relationship, is enga MN donation funds.	nged or intends to engage, in benefiting from Rotary Club of Ely,
Signature:	
Print Name:	
Title:	
Return Application to: Administrator@elyrotary.org Or Ely Rotary Club PO Box 222 Ely, MN 55731	For Rotary Club use only. Please do not write within window. Rotary Club of Ely, MN Board Approval: Yes No Donation Award Amount: \$
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