Willoughby Rotary Foundation PO Box 701, Frankfort, MI 49635-0701

APPLICATION FOR GRANT OF FUNDS

Date of Application:		
Organization Name:	on Name:	
Address:		
Phone:	Email:	
Principle purpose of organizat	ion & services provided by applicant:	
Description of program or act needed):	ivity for which funds are requested (add additional pages if	
Amount of funds Requested:		
Total budget for program for v	hich funds are requested:	
Signature:		
Title:		
Please Attach a copy of the "Exe	emption Determination": (501C3) letter from IRS supporting exemption	