

Funding Request Form



General Information

Date:	Name of Organization:
Website:	Mailing Address:
Contact Person:	Phone Number: Email Address:
Troy Rotary Sponsor (if applicable):	Phone Number: Email Address:
Amount of Funds Requested:	501c3#

Part A (Area of Focus)

INDICATE AREA OF FOCUS	LOCATION SERVED <i>(Local – list city or county)</i> <i>(International – list country)</i>	YES	NO
Troy Rotary Areas of Focus (preference to needs in Troy or Oakland County)			
• Homeless / Out-of-Work Residents / Families in Need			
• Youth Needs			
• Senior Needs			
• Veteran Needs			
• Local or U.S. disaster relief? If Yes, where?			
• Other			
Rotary International Areas of Focus			
• Peace and Conflict Prevention/Resolution			
• Disease Prevention and Treatment/Maternal and Child Health			
• Basic Education and Literacy			
• Economic and Community Development			
• Water and Sanitation			

Part B (Detailed Description of Request)

Describe your project, its objective and total cost. Please explain the impact this request will have, how it will make a difference, how Rotarians may be involved, etc. Attach documentation as needed and itemized budget, as applicable.

Part C (Additional Information)

<ul style="list-style-type: none">• Are there additional ways our two organizations can partner together to help each other? (i.e. mutual volunteer or fundraising opportunities)	
<ul style="list-style-type: none">• Are there opportunities to promote this event / donation to bring recognition to both our organizations' community efforts?	
<ul style="list-style-type: none">• If applicable, will your organization be obtaining / providing any matching funds for the requested funds?	
<ul style="list-style-type: none">• Would your members and/or board members be interested in supporting our activities? If so, please describe how you might support Troy Rotary (i.e. volunteer, support fundraisers, etc.).	

Funding Request Submitted by (Name of Organization):

Signature	Title	Date
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Amount Recommended for Approval by Service Committee: \$

Signature	Title	Date
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Please complete all sections and answer all questions. Submit your request to: Eileen Heasley, ehasley@avisionforclean.org and/or Sue McGonegal, suemcgonegal@yahoo.com.

All requests will be reviewed by our funding request committee which will make recommendations to the Board of Directors. **Please allow 60 days from the date of your submission for our determination.**