Please type or print

**Today’s Date**

**Name of Organization:**

**Address, City, State, ZIP:**

**Telephone: Business (** **)**

**Cell/Home (** **)**

**Email address:**

**Name and title of representative completing this form:**

**Pasco‐Kennewick Rotary Club member endorsing this request:**

**Describe the Purpose/function of your organization/agency and who or what does the organization/agency support:**

**Are you a 501(c)(3) organization as determined by the IRS? YES**

**If NO, describe your non‐profit organization status:**

**NO**

**How long has your organization/agency been in existence in the Tri‐Cities?**

**What is your current annual operating budget? $**

**What are your major sources of funding?**

**Have you previously requested funds from the Pasco‐Kennewick Rotary Club? YES**

**If YES, how much was your last request? $**

**What was determination of the request?**

**NO**

**What amount of funds are you requesting at this time? $**

**What is the specific purpose for which you are requesting funds?**

**How would you recognize the donation from the Pasco Kennewick Rotary Club to your organization?**

**Is there a way in which the Pasco‐Kennewick Rotary Club can take an active role in assisting your organization/agency whether or not this funding request is approved? YES** **NO**

**If YES, please describe:**

**If the Pasco Kennewick Rotary Club does support your organization, who or what should the check be made out to and where should it be sent?**

**SUBMIT TO:**

Pasco Kennewick Rotary Club Community Relations Committee PO Box 6064

Kennewick, WA 99336‐0064

or via Email: [larsenzach@live.com](mailto:larsenzach@live.com)

**\* \* \* \* \* \* \* \* \* \* \* \* FOR ROTARY USE ONLY**

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| --- | --- |
| Date received: |  |
| Date of First read of Board of Directors: |  |
| Date of Second read of Board of Directors: |  |
| Board of Directors decision: |  |
| Requestor notified: |  |
| Date check sent/delivered: |  |

Version 2014‐07