

**POLSON ROTARY GRANT APPLICATION**

**Name of Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Person E-Mail:** \_\_\_\_\_

**Check Payable To:** \_\_\_\_\_

**Tax Exempt ID Number:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

**Please check all that apply:**

This is a request for "start-up" fees for a new project.

This is a one-time special project.

This is to enhance our regular operating budget.

**Please explain the above checked boxes.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Need: (Describe the situation the project will address).**

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Objectives: (State expected outcome).**

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**Procedures: (Briefly describe steps necessary to carry out this project).**

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**Please list any Polson Rotary members that are involved in your organization and/or project.**

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