



**BENZIE SUNRISE ROTARY FOUNDATION INC.
GRANT APPLICATION**

Applicant Organization:

EIN/Tax ID Number:

Mailing Address:

City: State: Zip:

Contact Person: Title:

Signature: Date:

Phone Number: Email:

Funding Request: \$

Project Start Date: Project End Date:

1. Give a brief description of the purpose of your organization. Include the impact, if any, that your organization makes on the Benzie County area.

