

Rotary Club of Canfield

Request for Financial Assistance

Requests must be mailed to: Canfield Rotary, C/O Funding, P.O. Box 11, Canfield, OH 44406

Applicant Information (please print)

Date of Application: / /

Full Name of Organization:

Contact Person: Phone: ()

Email: Group Website:

Requesting Organization Address:

Alternate Contact: Phone: ()

Years In Operation: Fax: ()

Specific Project or Use of Funding

Please attach a detailed sheet explaining the project and specific use of Rotary funds.

Has Canfield Rotary funded this project before? _____ Date: / /

Have you requested or received funding _____ If yes, whom/amount:
from any other organization? _____

Is someone from your organization available for a
presentation to our club about this project? _____

Is your organization: For Profit Non Profit Volunteer Other

Are you a 501c3: Yes No Tax ID # _____

Note:

I/ we understand that all of the funding provided by Canfield Rotary shall be used for the purpose/use of the designated project and that any different purpose, misuse or personal benefit is fraud, and Canfield Rotary has the right to request the return of all or any portion of the funding provided.

I/ we also understand that none of the funding provided by Canfield Rotary shall be used for administrative expenses and that our board may request additional information.

Signature of person completing application: _____

Signature and title of organization head (if different): _____

Checks should be made payable to: _____

Print full name of organization: _____

For Board Use Only

Community Vocational International Club

Presented by Committee Chair Name: _____ Board Mtg Date: / /

Treasurer Information-Board Approval Date: / / CK#: _____ Amount: _____