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## APPLICATION FOR REQUESTED APPROPRIATIONS

Please type or print. You may use text boxes for computer input on application.

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

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

City / State / Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Requested Amount: \$ \_\_\_\_\_

Description of Request (Be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Please continue to answer following questions.**

**Yes      No**

1. Is your organization not-for-profit?  Yes  No
2. Does your organization use volunteers?  Yes  No  
If yes, how many? \_\_\_\_\_
3. Has your organization requested assistance by the Rotary Club in the past?  Yes  No  
If so, how long ago? \_\_\_\_\_
4. How many years has your organization been in existence? \_\_\_\_\_
5. How many people/families will this request benefit in the following areas?  
*Please use specific numbers known or percentages of total client base.*
- Batavia: \_\_\_\_\_ Tri-Cities: \_\_\_\_\_  
County: \_\_\_\_\_ Other: \_\_\_\_\_

Please explain other or clarification of numbers and/or percentages. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please provide an explanation/illustration of what benefits and/or desired outcomes will the funds, if appropriated, accomplish for your organization?
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Authorization – I hereby acknowledge with the signature affixed below that I am authorized by my organization to submit this application. I further do certify that the information provided within this application is complete and truthful to the best of my knowledge and agree to the terms within. I understand that any false information provided will automatically disqualify this application from any appropriated funds by the Batavia Rotary Club.

\_\_\_\_\_  
*Authorized Signature/Print Name*

\_\_\_\_\_  
*Date*