

# McHenry Area Rotary



## Grant Proposal Form

Organization:

Name:

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Year Founded:

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Address:

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Phone:

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Contact Person

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Email:

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Website:

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Annual Budget:

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Mission:

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Is the Organization a 501(c)(3)?

( ) Yes

( ) No

Person Submitting Request:

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Have you ever requested funding  
from McHenry Area Rotary?

( ) Yes

( ) No

If Yes, did it receive Funding?

( ) Yes

( ) No

If Yes, in what Rotary Year(s)?

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Funding is requested for this Program

Program Name:

Will the organization match our donated funds?     Yes     No

List of Collaborating Partners:

Description of the Program

Amount of Money Requested from the McHenry Area Rotary Charitable Foundation Inc. :

Program	<input type="checkbox"/> Education	<input type="checkbox"/> Social Services
Category	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Community Enrichment
	<input type="checkbox"/> Recreation	<input type="checkbox"/> Health
	<input type="checkbox"/> Land Use and Environment	<input type="checkbox"/> Other, please specify below

Program Service:

Geographic Area:

Target population:

Approx. No. of people