



MARANA ROTARY FOUNDATION, INC.
FUNDING REQUEST FORM

Date: _____

Requesting person/entity: _____

Contact Information: _____

Purpose of funding (detailed description): (Attach additional sheet if required)

Total amount of grant request: \$ _____

Date funding due (if incremental, give details): _____

To whom will the foundation check be addressed?: _____

Address for recipient: _____

Who is responsible for tracking funds use? _____

Contact Information: _____

Was a formal favorable vote held by the Marana Rotary Club board? _____

When? _____ (Attach copy of minutes indicating a favorable vote).

Signature of responsible person: _____ Date: _____

Name and Title

For the Marana Rotary Foundation, Inc.:

Approved by Foundation Board on: _____

Acknowledged by: _____ Date: _____

Name and Title