



Rotary Club
of
Calabasas

ANNUAL REPORT

COMMUNITY SERVICE ORGANIZATION GRANT FUNDING
FISCAL YEAR 2010-2011

NAME OF ORGANIZATION: _____

AMOUNT REQUESTED: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NO: _____ EMAIL ADDRESS: _____

501(c)(3) Taxpayer I.D. Number: _____

DATE SUBMITTED: _____

I/We certify that the above mentioned organization does not engage in political or electoral activity, including but not limited to, endorsing candidates or measures.

Executive Director/President

Please mail or email completed form and attachments to the address below:

Rotary Club of Calabasas
Attn: Ronald M. Lebow
csogrants@calabasasrotary.org

P.O. Box 8232 – Calabasas – CA 91372-9973 – 818-564-6755

E-mail: info@calabasasrotary.org

NARRATIVE REPORT

Name of Organization: _____ Date: _____

Goals Achieved _____

Events Completed _____

Number of Calabasas Residents Served _____

Challenges Faced _____

Other Information About How Your Objectives Were Reached _____

REQUIRED: PLEASE ATTACH A DETAILED BUDGET OF HOW THE GRANT FUNDS WERE SPENT.