

GRANT REQUEST

Date:	Organization name:
Contact name:	Phone #:
Email address:	
Mailing address:	
Organization tax ID#:	Grant request amount: \$
Describe how the grant money will be spent. Lis	t the materials, equipment and/or services requested:
Do you have another funding source?	_lf yes, who?
Please submit additional documentation to prov be notified of the decision on the funding reques comments on the outcomes of your program or	, ,
Please mail or email the grant request to at: http://www.eastportlandrotary.org/index.cfm?c	
EPRC USE ONLY:	
	Amount Approved:
Board Approved Date:	Date Remitted: