**REQUEST FOR DONATION AND OTHER FUNDING**

Complete this form and submit with attachments to:

Bakersfield North Rotary Foundation

Preferred: ***baknorthrotaryfoundation@gmail.com***

Mail option: P.O. Box 1027, Bakersfield, California 93302-1027

**Non-Profit or Educational Institution**

Entity Name & Address: Contact person (name /phone):

Name of Entity. Contact Name & Title.

Address of Entity. Contact Phone Number.

City, State, Zip Code.

Does the organization practice any form of discrimination involving any group protected under Federal or California law? [ ] Y or [ ] N

Federal Tax I.D. Number: Tax ID Number.

Is the organization recognized by the Internal Revenue Service as a qualified tax-exempt organization under section 501(c)(3) of the Internal Revenue Code?

[ ] Yes or [ ] No: If No, who is the fiscal sponsor and tax I.D. number:

Fiscal Agent Name and Tax ID number

Additional Fiscal Agent Information

**Request:**

Amount Requested: Amount Requested. Est. Total Budget: Budget.

Funds needed by: Need by Date: Event date

**Required Data for Impact Reporting:**

Project name: Name or Brief Description of Project.

Number of lives impacted: # Lives. Number of project volunteers: # Vols.

Other participating organizations: Others?

***On a separate page, please describe the purpose of the donation in detail and include a budget. For event sponsorships include*** the number of tickets we will receive and the nature and extent of any publicity we will receive. Explain sponsorship levels. Attach a copy of an invitation, flyer, advertisement, or other published item with date, time, and place indicated.