

Greater Camarillo Area and Global Community 2024 Grant Request Form

Name of Organi	zation	
Primary Contact Name/TitleStreet Address		
Phone	Fax	Email
Website		
Sponsoring Cam	arillo Rotarian	
Is the organizat	ion a 501(c)(3)? Yes	□ No If yes, Tax ID #
Project/Service/	Program Name	
How will the fun	ds be used (attach sepa	rate sheet if needed)?
# of Camarillo-a	rea residents you antici	pate serving through proposed funding
# of Global resid	lents you anticipate ser	ving through proposed funding
Requested Amo	unt \$	Total Project/Service/Program Cost \$
Please attach th	e following documents	to this application:
OrganizProject l	oudget summary ther sources of funding	ited financial statements (for requests over \$2,000) for this project/service/program received or anticipated if
color, creed, nat	ional or ethnic origin, po	es not discriminate against any person on the basis of age, race olitical or religious affiliation, sex, gender identity, sexual rtnership status, physical disability or mental disability.
I/We certify that	the aforementioned an	d enclosed information is complete and accurate.
Name		Title
Signature		Date