



Grant Request Form

Date of Request _____

Name of Organization _____

Street Address _____

City/State/Zip _____

Phone _____ Fax _____ E-mail _____

Primary Contact Name/Title _____

Is the organization a 501(c)(3)? Yes No If Yes, Tax I.D. # _____

How will the funds be used (attach separate sheet if needed)? _____

of Camarillo-area residents you anticipate serving through proposed funding _____

of worldwide residents you anticipate serving through proposed funding \$ _____

Total Budget for this program/service/project \$ _____

Funding amount requested from the Camarillo Rotary Foundation \$ _____

Do you anticipate receiving assistance for this program/service/project (financial or otherwise) from another source? Yes No (if yes, please describe or attach a separate sheet)

The organization requesting funding does not discriminate against any person on the basis of age, race, color, creed, national or ethnic origin, political or religious affiliation, sex, gender identity, sexual orientation, marital status, same-sex partnership status, physical disability or mental disability.

I/We certify that the aforementioned and enclosed information is complete and accurate.

Name _____ Signature _____

Sponsoring Rotary Member _____ Signature _____