

PO Box 2884, Lake Isabella, CA 93240-2844

COMMUNITY NEEDS GRANT APPLICATION

Applicant's Name:	Date:
Benefiting Activity/Organization:	
Address:	·
Phone:Cell:	E-mail:
Project/Activity:	
Geographic Area Benefited:	When needed
Estimated Total Project Cost: \$	Amount Requested: \$
Will you present a program at Rotary on this Are any or your members or volunteers mem	project at a later date? □Yes □No bers of the Rotary Club of Kern River Valley? □Yes □No

STATEMENT OF NEED: Please answer these 4 questions here or on a separate document.

(1) Why are you requesting this funding grant?

Note: Community Needs Grants are awarded without discrimination based on age, ethnicity, gender, national origin, disability, race, size, religion, sexual orientation, or socioeconomic background. Final decisions on all grant applications rest with the **Rotary Club of Kern River Valley Board of Directors** and their decision is final. The Board of Directors meets monthly at 5pm before the 1st regular meeting held on the 1st Thursday of each month at Ewing's on the Kern in Kernville.

(2) What is the outcome(s) you plan to achieve?
(3) Who will benefit from this project and how many will this program serve?
(4) If approved, how will these grant funds be spent?
FOR CLUB USE Retary Club Spansor (if any)
Rotary Club Sponsor (if any)
Application received by: Date:
Date Board Acted:
Approved: Dollar Amount : \$ Disapproved: Date Applicant Notified: