



## FUNDING REQUEST

Please answer all of the questions and submit application.

NAME OF REQUESTING ORGANIZATION \_\_\_\_\_

CONTACT NAME (FIRST/LAST) \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_

Address: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Annual Operating Budget \_\_\_\_\_ Amount requested: \_\_\_\_\_

Will this ask fill a need in one of the towns in our catchment area? Yes No

DO YOU KNOW A ROTARIAN MEMBER? (CIRCLE & include Name if so)

Yes - No \_\_\_\_\_

IS YOUR ORGANIZATION A REGISTERED NONPROFIT IN GOOD STANDING IN THE

STATE OF NH? (circle) YES - NO Tax ID # \_\_\_\_\_

What percentage of the funds requested will serve one of our communities \_\_ %

Please provide as an attachment:

- A list of your leadership staff, Board of Directors members or Advisory members.
- A copy of the project's budget for the funding amount you have requested.

Please answer the following questions:

- How does the mission of your organization align with the Raymond Area Rotary?
- Explain how this funding will positively impact your program effectiveness?
- Explain how you will highlight within your organization and to the public, the support, collaboration or engagement of RARC?
- Explain how your request fills a community need in a new or innovative way?