**Saddlebrooke Rotary Club Foundation**

**Request for Program Funding**

**2017**

Organizations requesting program funding are asked to provide the following information. Please limit your response to requested information in each of the 3 bullet point sections (beginning on Page 2) to one sheet of paper or less and your answers should not include terminology unfamiliar to lay persons.

Submit your application to SaddleBrooke Rotary Club Foundation, Attention: Gary Terrell, P.O Box 8388, Tucson, AZ 85738. For assistance regarding applications call Saddlebrooke Rotary Club Foundation Grants Chairman Gary Terrell at 520-433-9763.

* + Deadline for receiving 2017 grant applications – **Friday, March, 24 2017**
  + Notification of program recipients by mail– **Tuesday, April, 4 2017**
  + Fore Kids Golf Tournament – **Friday, April, 7 2017**
  + Present Fore For Kids checks at Rotary meeting – **Thursday, April, 27 2017**

**Please submit two copies of the application**

**Organization information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a tax exempt organization: YES\_\_\_ NO \_\_\_

IRS Tax Exempt Status \_\_\_\_\_\_\_

**Program Specifics**

* **Mission Statement of the Organization.**
* **Name and over view of the program to be funded and the number of participants in program.**
* **Program Location.**

Provide the address and facility name (if applicable) where services are delivered. If services are not sight based (e.g., outreach, home based, etc.) please provide any specific boundaries of the service delivery area.

***A Rotarian could visit your program to observe the services that are being provided.***