Cooperstown Rotary Club
Allocations Request Form

Name of Organization:

Non-Profit: _____Yes ____No

Contact Person:

Address:

Daytime Phone: Evening Phone:

E-Mail:

Amount Requested: (Average awards are $250 - $1000 depending on nature of request)

Purpose of Request:
(attach additional sheets if needed)

Date funds are needed by:

Number of People Served:

Geographic Area Served:

Use of Contribution: _____Administrative Expenses
_____Program Expenses
_____Special Event
_____Other (Please explain)

According to the Cooperstown Rotary Allocations criteria on the second page of this form, how does your organization's request relate to Rotary's mission? (attach additional sheets if necessary)

Has your organization previously received funding from the Cooperstown Rotary Club? ___Yes ___No

If you received previous funding have you supported the club by ___attending a meeting, ___joining the club, or _____sponsoring a Rotary event.

Organizations receiving funding agree to attend a future Cooperstown Rotary Club meeting to speak to the club regarding how Rotary funding has benefited or will benefit their organization.

_____ _____
Signature Date

Rotary Mission Criteria

The request must fit in one of the rotary mission priorities as defined by Rotary:

Promoting peace

Fighting disease

Providing clean water

Saving mothers and children

Supporting education

Growing local economies

Protecting the environment.

Submission: Please submit your application via email to Committee Co-Chairs: Teri Barown at tlbhinmanhollow@gmail.com and Bertine McKenna at bertine.mckenna@gmail.com or by mailing to Cooperstown Rotary Club, PO Box 993, Cooperstown, NY 13326.