Rotary
Club of Chagrin Valley

Application for Funding

Applicant and project information

APPLICANT INFORMATION

Date of application

Tax ID #

Organization

Contact Name

Address

City

State

Zip

Phone # (Home)

Office

Cell

Email

Web address

PROJECT REQUEST

Project title

Amount Requested ($)

Full project budget amount ($)

Purpose of request

Organization's Mission (if applicable)

Rotary Club of Chagrin Valley

Application for Funding

Budget, use of funds, authorization and submission

BUDGET AND USE OF FUNDS

Organization's annual budget (if applicable)

What will the funds be used for (300 words or less)

When will the funds be needed

Other anticipated sources of income and support for the project (if applicable)

AUTHORIZATION

Signature **Date**

Submission instructions

Please send the completed application electronically to Jack Zilly:

Jackz_56@hotmail.com

Support materials may be sent by mail (not required): PO# 82, Chagrin Falls, OH 44022

Chagrin Valley Rotarian Contact (if applicable): Jack Zilly @ 216-402-5431

Completed applications must be sent electronically to the email address above.