Lenexa Rotary Foundation Grant Application

Date	Sponsoring Rotarian's Na	ame, if applicable	
Requesting Organization Co	ntact	Amount Requesting	
Requesting Organization Na	me	Phone Number	
Requesting Organization Add	dress		
Project Title			
1. Describe the person/orga	nization responsible for carr	ying out this project.	
2. What are the project's in	tended objectives?		
3. Who are the beneficiaries	s of this project, including the	e number of persons to be served?	
4. Briefly describe all projec intended objectives.	t expenses and how Foundat	tion grant funds would be spent to help achieve the	e project's
5. What other funding source	ces, if applicable, have been i	identified for future funding of this project or prog	;ram?
6. Additional comments you	ı may have:		
	The Lenexa R P.O. E	ation! Please return this form to Rotary Foundation Box 14323 a, KS 66215	
Approved: Yes N	o / Date /	Reason if not approved	