



Application to the Community Grants Program

Organization _____

Address/City/Zip _____

Executive Director _____

Telephone _____ Fax _____ Email _____

Board President _____

Organization's Days/Hours of Operation _____

Mission Statement of Organization _____

Services Provided by the Organization _____

Proposed Project Name _____

Project Director _____

If the project address, phone, or e-mail is different from above, please provide:

Address/City/Zip _____

Project Telephone _____ Fax _____ Email _____

Grant Amount Requested: \$ _____

Proposed Project Budget (please attach a copy) \$ _____

If Project/Program requires additional funding, how will the additional funds be raised?

Description of Project/Program for which you are requesting a Rotary Grant _____

Expected number to be served _____

Is this the number of (check one): Households _____ Individuals _____

Brief Description of Project/Program and anticipated outcome _____

Submitted by _____

Position in Organization _____

Telephone Number _____

Date _____

We are not submitting a proposal this year, but please keep us on the mailing list.

If your organization received funds from the Rotary Club of Alameda last year, what were the outcomes of the Project/Program and how were the funds used? _____

Mail to:

Community Grants Committee
Rotary Club of Alameda
P.O. Box 2403
Alameda, CA 94501

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