



Rotary Club of Newport

Fund Request Form

_____ *Date*

Name of Organization/Group _____

What is the primary function or service of this organization/group?

Do you have 501C-3 status? _____ If so, Tax ID# _____
If not, Fiscal Agent _____

Address: _____ City: _____ State: ___ Zip _____

Contact Person: _____ Title: _____ Phone: _____

Cell Phone: _____ Email: _____

Amount of Request: \$ _____ Entire cost of project \$ _____ Dates of Project _____

If approved, when are funds needed? _____

Please outline the need for this project and the specific purpose for which funds will be used:

Who will benefit (please specify geographic area, population served, and number of persons to be served)?

Please specify other funding sources to which you have applied and/or received funds for this program/project:

How will this program/project be evaluated?

How will this funding benefit the community?

How will Rotary funding of this project be publicized? _____

Please send completed form to: Rotary Club of Newport, P.O.Box164, Newport, RI 02840