



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*