

**Rotary Club of Statesville Fourth Creek
Community Service - Funds Request**

Date: _____

Group/Organization: _____

Amount Requested: _____ Date Funds Needed: _____

Purpose of the Funds: _____

Where is the project: _____

Time-frame for project (estimated completion date): _____

Overall impact of the project: _____

Contact Person: _____

Phone Number: _____

Email: _____

Date Request Received: _____

Date Approved: _____

Amount Approved: \$ _____

Date Declined: _____

Additional Info: _____

Committee Chair Signature: _____