

RED BANK ROTARY FOUNDATION
P.O.BOX 8444
RED BANK, NJ

REQUEST FOR LOCAL SUPPORT
(Attach additional pages/information as needed)

1. NAME OF ORGANIZATION: _____
2. ADDRESS: _____
2. TELEPHONE #: _____ FAX #: _____
3. E-MAIL: _____ WEB ADDRESS: _____
4. CONTACT PERSON: _____
5. AMOUNT OF REQUEST: _____ TOTAL PROJECT COST: _____
6. PROJECT NAME: (If applicable) and/or PROJECT DESCRIPTION:
(Describe the project in sufficient detail for proper evaluation.)

7. FUNDS REQUESTED USE:
(Indicate the specific use of the funds)

8. BENEFIT TO GREATER RED BANK AREA: _____

9. WHEN WILL THE FUNDS BE USED? _____

Organizations must warrant that they do not advocate, support, or practice discrimination based on age, ethnicity, gender, national origin, disability, race, religion, sexual orientation, or socioeconomic background.

APPLICATION DEADLINE APRIL 01
FUNDS TO BE DISPERSED BY JUNE 30

For Rotary Use Only:
Review Date: _____ Interview Date: _____ Approved: _____ Denied: _____ Other: _____

Amount Awarded: _____ Letter Sent Date: _____