

Rotary



Clubs of Rochester, MN

COMMUNITY GRANT PROJECT PROPOSAL FORM

Organization Name: _____ Amount Requested: _____

Grant will be used toward which of the following Rotary Area of Focus (please indicate all that apply):

Education

Peace

Mothers and Children

Disease

Economy

Clean Water

Other

Proposed Community Grant Project Information:

Please describe the impact your program/project will have in our community:

How will your organization recognize the Rotary Clubs of Rochester: _____

Organizational Contact Name: _____ Phone: _____

Email: _____ Mailing Address: _____

Date of submission: _____, 2018. **This form and proof of nonprofit status will be the only information used for determining grant recipients.**