Rotary
Clubs of Rochester, MN

ROTARY COMMUNITY GRANT APPLICATION

Organization Name: _____ **Amount Requested:** _____

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

___ Education ___ Peace ___ Mothers and Children
___ Disease ___ Economy ___ Clean Water ___ Other

Proposed Community Grant Project Information:
Please include the amount of funding you are requesting and give a general description of the use that will be made of the funds. _____

Please describe the impact your program/project will have in our community:
Please provide a detailed description of the program that will be funded by the requested grant. Explain the duration of time during which the funds will support the project, the goals of the project and how they will be achieved, how success or failure will be measured, what services you promise to deliver to what population, and what results you expect to bring about.

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

Organization Contact Name: _____ **Phone:** _____

Email: _____ **Mailing Address**: _____

Date of submission (month/day/year): _____ ***This one-page form and proof of nonprofit status is the only information that will be used for determining grant recipients.***