

Address

## **Rotary Club of Bay City**

P.O. Box 42 Bay City, Michigan 48707-0042 www.rotarybaycity.org

Organization Name:\_\_\_\_\_

The Rotary Club of Bay City's Community Grant Committee will focus funding initiatives on Youth & Education projects. Requests for general operating funds or payroll expenses will not be considered. Incomplete applications or those received past application due date will not be considered.

## **Community Grant Application**

Fall Cycle Application Due: October 31

Distribution By: November 15

Spring Cycle Application Due: May 29, 2020

Distribution By: June 2020

Please email completed applications, with supporting documentation, to

grants@rotarybaycity.org

By US Mail to: Rotary Club of Bay City

**Attention Community Grants Chair** 

P.O. Box 42

Bay City, MI 48707-0042

Phone:_		E-mail:	
Project	Title:		Amount Requested:
Please i	include the following with your request:		Maximum Request Amount is \$2500.00
1.	Provide a brief description of your project that h	· · · · · · · · · · · · · · · · · · ·	
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5. 6.			
7.			
7. 8.			
9.	What other funding sources are being considere	•	v?
10.	Please provide a copy of your IRS Designation Let		, .
Club of Bay City		vith grant guidelines. N	on contained herein is true and accurate. Rotary My organization agrees to provide the Rotary Club of ct of this community project and to use the Rotary
Signatu	ıre:	_Title:	Date: