

Middletown Rotary Club Grant Application
P. O. Box 1107 Middletown, CT 06457
(printer friendly link at top)

Agency/Group: _____

Program or Project: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Contact Email: _____ Website: _____

Rotary Priority Addressed: _____

Amount requested: \$ _____ Date Grant is needed by: _____

Purpose and population to be served:

Proposed outcome/benefit:

How the Middletown Rotary Club will be acknowledged/recognized:

Total Project Budget: _____

Other funding sources for this project:

Committee Review Date: _____	Board Review Date: _____
Action: Approved: _____ Denied _____	Amount Recommended: _____
Reason: _____	
Signature: _____	Date of notification: _____
Date posted on website: _____	Date filed: _____

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