Rotary Club of Castro Valley Application for Sponsorship (Renewable funding possible; see note on reverse)

Date of Application:			Date Funds Needed:	
Name of Organization:				
Address:				
Telephone:				
Lead person's name and title:				
Is your organization a registered	501(c)3?	Yes	No	
Does your organization file a form 990? Yes No			If yes, please attach a copy.	
Names and Titles of Board Mem	bers:			
Name	Title			Volunteer?
Has your organization received f year(s), amount(s) and purpose(s		n the R	Rotary C	Club of Castro Valley in the past? If so, please list
Project/Program Information				
Description of Project/Program (if necessary	y, attac	h additi	onal page):
		(Cont	inue on	Reverse)
Application for Sponsorship fo	r	`		dated

Individual responsible for project/program:	
Number of individuals that will benefit from this funding:	
A. Total budget for project/program:	\$
B. All sources of <u>confirmed</u> funding, including amounts: <u>Source</u> <u>Amount</u>	\$
C. All sources of other funding, including amounts: <u>Source</u> <u>Amount</u>	\$
D. Total of B + C	\$
E, Balance needed (D - A)	\$
Other comments (if necessary, attach additional page):	

Note: The Castro Valley Rotary Club requests a report at the completion of the program/project, or, if the project/program is not finished, as of June 30 of the year following funding. The report must include the number of individuals who benefitted from the program/project and the effectiveness of the program/project. This report is <u>required</u> if funding is to be considered by the Castro Valley Rotary Club for this or any other future project/program.