



Marshfield Sunrise Rotary Club
GRANT REQUEST

Organization: _____

Name of Event or Project: _____

Date(s) of Event or Project: _____

Area and Number of People Served: _____

Grant Request (dollar amount): _____

Organization/ Agency Summary: _____

Event/Project: _____

List other funding sources and amounts approved: _____

List additional funding sources being solicited and amounts requested: _____

Does your agency/organization have any affiliation with Marshfield Sunrise Rotary Club? _____

List any Rotarians involved with your project: _____

Recognition/visibility opportunities for Marshfield Sunrise Rotary Club would include: _____

Rotary Sponsor Signature: _____ Rotary Avenue Chair Signature: _____

Rotary Avenue of Interest Served (*Rotary Avenue Chair to check*):

_____ Club
_____ International

_____ Community
_____ Vocational

Requestor Name: _____ Signature: _____

Position within requesting organization: _____

Phone: _____ E-mail: _____

****Include Board of Directors/key volunteers list and other financial information that should be considered.***