



Club of Biddeford-Saco

COVID-19 RELIEF REQUEST

Date:

Name of organization:

Amount requested:

Please describe your organization's need and if awarded, how the funds will be used:

How many people will benefit from your project/request?

When do you expect all of the funds will be used?

If awarded, please make check payable to:

Mailing address:

Submitted by:

Phone number:

Position within the organization:

By checking this box, I certify that I have my organization's approval and authority to submit this request.

TO BE COMPLETED BY COVID-19 SUBCOMMITTEE ONLY

Approved

Denied

Date:

Amount appropriated:

Please remit completed form to: Biddeford-Saco Rotary Club COVID-19 Subcommittee, PO Box 298, Saco, ME 04072 or return via email to biddefordsacorotaryclub@gmail.com.