Corning Rotary Club Grant Application Form

DATE:

NAME OF PROJECT:

Name and Contact information for Person Responsible for Grant application:

Name:

Organization:

Street/PO Box of Organization:

Town, State Zip Code or Organization:

Organization EIN:

Email address of contact:

Phone number of contact:

The mission of Rotary is to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty. In particular, the Corning Rotary Club is focusing on literacy, youth leadership, hunger, community health and safety, environment, and international efforts also focused on these areas.

A. PROJECT DESCRIPTION (BE CONCISE)

1. What is the purpose of the project?

2. Provide a brief description of the project.

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3.	How will it meet the needs of the community?
4.	Are there any Corning Rotarians affiliated with your organization? If so, who?
В.	PROJECT BUDGET
Att	ach an itemized budget with documentation for the entire project.
C.	PROPOSED FINANCING
Am	ount requested from the Corning Rotary Club \$
D.	REPORTS
	ort on the project is expected in a timely manner. For this project a final report is due
	e to submit a final report may well impact any future requests by this organization (or Iual) in the future.
E. <i>A</i>	ADDITIONAL INFORMATION, IF NECESSARY

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When completed, please email to Jan Harvey at iharvey@clarityconnect.com or mail to

Corning Rotary Club, PO Box 84, Corning, NY 14830.

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Grants Committee Use Only			
Which category(s) does the proposal fall under?			
☐ Literacy ☐ Hunger ☐ Youth Leadership ☐ International ☐ Community Health and Safety ☐ Environment			
Community Health and Safety			
Which funding source?			
☐ General (over seen by Grants Committee)			
☐ International Committee			
☐ Sustaining Fund Committee			
Sponsoring Rotarian			
Comments Click or tap here to enter text.			
Approvals			
Grants Committee Chair	Date		
Board of Directors Action			
President Corning Rotary Club	Date		

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