

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?

B. PROJECT BUDGET

Attach an **itemized** budget with documentation for the entire project.

C. PROPOSED FINANCING

Amount requested from the Corning Rotary Club \$

D. REPORTS

A report on the project is expected in a timely manner. For this project a final report is due by _____.

Failure to submit a final report may well impact any future requests by this organization (or individual) in the future.

E. ADDITIONAL INFORMATION, IF NECESSARY

When completed, please email to Jan Harvey at jharvey@clarityconnect.com or mail to Corning Rotary Club, PO Box 84, Corning, NY 14830.

