Request for Financial Support Early Bird Rotary Club Foundation, Sheboygan, Wisconsin

Name of the Organization:			
Street Address/P.O. Box:			
City, State, Zip:			
Name of Representative:			
Title:	Telephone No.:		
Category	Type of Request	Tax Information	_
Health & Welfare	Capital Funds	IRS Non-Profit Status	
Education	Endowment	Designation	_
Culture & Arts	Special Project	Other	
Civic Activities	Other		
Amount of request \$	Total funds needed to complete t	his undertaking \$	_
How much have you raised to da	ate? \$ Pledges \$	In-hand \$	
When will the project be started Please print/type your respons	d? Anticipated co	ompletion date	
	bals of your project (program or organ		111 h a shi a ta
2. To meet these goals, what a compare actual results at th	re the specific short-term, measureab	ne objectives against which you v	vill be able to
-	ed? Be specific. (No funds shall be cons	sidered for use as general operat	ing expense.)
-	complish with this grant that you would		• • •
plan to evaluate the results			
5. Who will benefit from this a	•		
6. How many individuals (or fa	-		
 What services/programs do Who are the major contribution 	you provide the community that are r	not available from other organiza	itions?
-	utors to this specific program/project?)	
	ry Club be recognized if a grant is mad		
I certify that this information is of the organization.	true and accurate to the best of my l	knowledge and attest to the fina	ancial solvency

Signature _____ Date ____/____

Title _____

Please mail to: Early Bird Rotary Club, Attention: Philanthropy Committee, P.O. Box 64, Sheboygan, WI 53082-0064