

Alturas Sunrise Rotary Charitable Foundation

Request for Funding

Date of Submission: _____

Organization Name: _____

Organization Address: _____

Organization City, State, Zip: _____

Organization Phone: _____

Organization Contact Person: _____

Project Description: _____

Attach additional pages if necessary and include any relevant literature.

Total Estimated Project Cost: \$ _____

Projected Start Date: _____

Less acquired funds: \$ _____

Projected Completion Date: _____

Funds requested*: \$ _____

**Complete Project Expense Sheet for funds requested from Alturas Sunrise Rotary Charitable Foundation.*

Administrative Use Only		
Request Review Date: _____		
Approved: _____	Denied: _____	Approved with modification: _____
Amount Funded: \$ _____		
Provisions/comments:		
Authorization Signature _____		
		Date _____

Successful awards are based on 1.) available funds and 2.) the Board's determination whether the project is within the scope of the Foundation's purpose.