## **Grant Request Form**



Date:
Request Recipient:
Name:
Address:
City/State/Zip:
Phone:Email:
Is Applicant a 501 C-3? Exempt Number:
(ATTACH A COPY OF EXEMPTION CERTIFICATE WITH THE GRANT REQUEST)
Purpose of Grant:
Total project \$ Funds already raised/committed \$
Fundraising support requested \$
Organization Representative:
THIS FORM MUST BE SIGNED BY AND SUBMITTED BY A ROTARIAN
Rotarian Sponsor:
Approved: Yes No Date: Amount:
When and Where will the check be presented?