**Local Grants Committee Funding Request Form**

Your organization: Date:

Your general mission:

Is this request for a continuing program? \_\_\_Yes\_\_\_No

Is it for a specific project? \_\_\_Yes\_\_\_No

Purpose of this request:

Amount of request: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated number of persons served: \_\_\_\_\_\_\_\_\_\_

Important: Please attach a budget for the project or program. Include a written narrative with organization or project history and a projection of income and expenses.

How will Rotary be recognized as a contributor?

Applicant’s representative contact information, address, phone and e-mail:

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| Please submit this request to:  The Rotary Club of East Jefferson County  c/o Local Grants Chair P.O. Box 654 Port Hadlock, WA 98339 | Questions?  Please contact:  Club Local Grants Chair Chuck Boggs chuckboggs4765@gmail.com |