

Rotary Club of San Marino



COMMUNITY GRANT APPLICATION 2018-2019

Organization's Name: _____

Requested Amount: _____

Contact Person for Applicant (must be completed by an officer of the non-profit requesting funds): _____

Phone and email of Contact: _____

Address Information: _____

SM Rotary Liaison: _____

Benefitted Group (i.e., homeless, elderly, children, disabled, etc.):

Objective of Project:

Expected Project Closing Date: _____

Project Details (Summary):

Total Project Cost: _____

Project Cost Breakdown:

Previous Grant Date and amount from San Marino Rotary (if any): _____

Rotary Club of San Marino

Has Your Organization Received a Grant from Another Rotary Club in the last 2 Years? _____ If Yes, What Year? _____

If Yes, Please Describe the Project and Provide the Award Amount

Enclosures (Please attach)