

# GRANT APPLICATION FORM ATLANTIC ROTARY CLUB

Applicant

(Program/Group) \_\_\_\_\_

Organization is not for profit?  Yes  No

Contact Person \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_

Explanation of the Event/ Activity:

Number of People Who Will Benefit: \_\_\_\_\_

Please describe Program's benefit to residents of the community or surrounding area:

Has this program/group requested funds from Rotary previously?  Yes  No

Total Cost of Program/Event \$ \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

*NOTE: Please submit this completed form to the Rotary president at least one week prior to a regularly scheduled Rotary Board meeting. Rotary does not make contributions to individuals nor for-profit groups. Form may be mailed to:*

Atlantic Rotary Club  
PO Box 82  
Atlantic , IA 50022