



4. Describe the population that would directly benefit if your application were approved.  
(Include estimated numbers).
5. Is the project feasible if only partial award is possible? YES \_\_\_\_\_ NO \_\_\_\_\_.  
Is this a single project request? YES \_\_\_\_\_ NO \_\_\_\_\_.  
If "Yes, what is the total project budget? \$ \_\_\_\_\_.  
Will this request qualify for any matching funds? YES \_\_\_\_\_ NO \_\_\_\_\_.  
If "Yes, what is the amount? \$ \_\_\_\_\_.  
How much money have you already raised? \$ \_\_\_\_\_.  
How do you anticipate raising the balance?  
(If grant is awarded and the balance is not raised, the Marquette West Rotary Foundation Grant must be reimbursed.)
6. What is your total budget for all programs? \$ \_\_\_\_\_.
7. What percentage of your total budget is allocated to administrative expenses? \_\_\_\_\_.
8. What percentage of your total budget is the request? \_\_\_\_\_.
9. Please list any other sources and amounts of revenue your organization receives? (i.e. United Way, direct solicitation, etc.)
10. Does your organization prepare IRS Form 990? YES \_\_\_\_\_ NO \_\_\_\_\_.  
If so, would it be available for review? YES \_\_\_\_\_ NO \_\_\_\_\_.

Return Application To:  
MARQUETTE WEST ROTARY FOUNDATION  
P.O. BOX 383  
MARQUETTE, MI 49855