

Marquette West Rotary Club
PO Box 383
Marquette, MI 49855

COMMUNITY NEEDS GRANT APPLICATION

Applicant's Name: _____ Date: _____

Benefiting Activity/Organization: _____

Address: _____

Phone: _____ Cell: _____ E-mail: _____

Project/Activity: _____

Geographic Area Benefited: _____ Date(s) _____

Estimated Project Cost: \$ _____ Amount Requested: \$ _____

STATEMENT OF NEED:

(1) Why are you requesting this funding grant?

(2) What is the outcome(s) you plan to achieve?

(3) If approved, how will these grant funds be spent?

* Will you present a program at Rotary on this project at a later date? Yes____ No____

Note: Community Needs Grants are awarded without discrimination as to age, race, religion, sex, or national origin. Final decisions on all grant applications rest with the Marquette West Rotary Club Board of Directors and their decision is final. MWRC Board of Directors meets monthly on the second Tuesday (061208)

FOR CLUB USE

Application received by: _____ Date: _____ Date Board Acted: _____
Approved: _____ Dollar Amount : \$ _____ Disapproved: _____ Date Applicant Notified: _____