

ROTARY CHILDREN'S FOUNDATION GRANT APPLICATION

Organization Seeking Grant: _____

Contact Representative: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Email Address: _____

Brief Summary of Need for Grant and Use of Funds:

PLEASE ATTACH YOUR COMPLETE PROPOSAL TO THIS FORM

I, _____, as the authorized representative of the organization
named above hereby apply for the Rotary Children's Foundation Grant

Date: _____ Signature: _____

DEADLINE FOR APPLICATIONS: Cut-off for grant request submissions is Labor Day
(Distributions are made Annually)

Email Applications to: Susan Baker susan@tbmbi.com