



Community Grants Application Form

Applicants for project support are to provide the following minimum information.
Additional information can be attached to this application.

Please fill out this form completely then mail or email a copy.

Name of Project: _____

Name of Organization: _____

Address: _____

City: _____ Zip Code: _____

Contact Person: _____

Email: _____ Phone () _____ - _____

Briefly Describe Project and Objectives, use additional space if needed:

Who will benefit from this project? _____

Number of individuals (estimate if necessary) to be served by this project? _____

Where is the project located? _____

Who will carry out the project? _____

COMMUNITY GRANTS APPLICATION FORM (cont)

What is the proposed budget for this project?

INCOME:

_____ \$ _____
_____ \$ _____
_____ \$ _____

EXPENSES:

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL INCOME \$ _____

TOTAL EXPENSES \$ _____

What amount of funding is being requested from Clovis Rotary? _____

What funds have been or will be received from other sources? in what amounts?

SOURCE:

AMOUNT:

_____ \$ _____
_____ \$ _____
_____ \$ _____

If this project or organization is new, once it is started, how will it be maintained or sustained?
What will be the future sources of funding?

Submitted by: _____ Phone () _____ - _____

Email: _____

Return completed form to:

Clovis Rotary

Attn: Ken Church

P.O. Box 496

Clovis, CA 93613-0496

kchurch@bcf-engr.com

Action on Request

Grants Committee - Approved _____ Amount _____ Denied _____

Board of Directors - Approved _____ Amount _____ Denied _____