## ROTARY FOUNDATION OF DUVALL

A 501(c)(3) non-profit organization P O Box 1962, Duvall, WA 98019 2018 Grant Application



GENERAL INFORMATION									
Name of Organization					Funding Amount Requested				
Street Address									
City	City								
Phone		E-mail Address							
Mission o	Mission of Org:								
About the Project									
Name of	Project:								
Please Mark which of Rotary's area(s) of Focus are addressed by this project									
Peace and conflict prevention/resolution									
Disease prevention and treatment		ent							
Water and sanitation		ion 🗆							
Maternal and child health		alth 🗆							
Basic education and literacy		асу							
Economic and community development		ent							
Statement of Need (why):									
Statemen	it of Need ( <u>WHY</u> ).								
Project Goal(s):									

Project Description the project	otion (please include where t ct)	his project will take place, who	en this project wi	ill occur, who will benefit, and how will they benef	it		
How will the su	uccess of this project be mea	asured?					
What are the expected long-term community impacts of this project?							
Itemized Proje	ct Budget (Please list revenu	e and expenses)					
Rotary C	ub of Duvall Member Sponsor Name						
FOR CLUB A	AND FOUNDATION USE	BELOW					
Approved/Den	ied by Club Grant Review Co	ommittee					
Approved			Denied				
Name			Date				
Approved/Denied by Rotary Club of Duvall							
Approved			Denied				
Name			Date				
Grant Review Committee Rationale for approval/denial							