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| ROTARY FOUNDATION OF DUVALLA 501(c)(3) non-profit organizationP.O. Box 1642, Duvall, WA 98109**2019 Grant Application** |  |

# GENERAL Information

Name of Organization: Amount Requested:

Street Address:

City: State:

Name of contact:

Phone: E-mail Address:

Non –profit EIN number:

Mission of Org:

**About the Project**

Name of Project:

Please write “Yes” to indicate which of Rotary’s Area(s) of Focus are addressed by this project.

* Peace and conflict prevention/resolution:
* Disease prevention and treatment:
* Water and sanitation:
* Maternal and child health:
* Basic education and literacy:
* Economic and community development:
1. Statement of Need (**why**):
2. Project Goal(s):
3. Project Description (please include where this project will take place, when this project will occur, who will benefit, and how will they benefit from the project):
4. How will the success of this project be measured?
5. What are the expected long-term community impacts of this project?
6. Itemized Project Budget (Please list revenue and expenses, attach separate page is needed):

**Rotary Club of Duvall Member Sponsor Name:**

# For Club and Foundation Use below

Approved/Denied by Club Grant Review Committee

Approved: Denied:

Name: Date:

Approved/Denied by Rotary Club of Duvall

Approve: Denied:

Name: Date:

Grant Review Committee Rationale for approval/denial