



Phoenix Rotary Club Charities, Inc. Coronavirus/COVID-19 Emergency Grant Request 2020

Organization Requesting Funds _____

Phoenix Rotary Club Member's Name: _____

Relationship to Organization: _____

Purpose of Funding Request (be as specific as possible):

Organization Annual Budget _____ Amount Requested* _____

ORGANIZATION CONTACT INFORMATION

Primary Contact Name: _____

Organization Address: _____

Contact Phone _____ x _____ Email _____

Check Information: Payee _____

Mailing Address (if different): _____

APPLICATION SUBMITTED BY:

Signature _____ Date _____

Title/Position: _____

*Requests \$500 and over require PRCC Board Approval