

**Rotary District 6200 Hurricane Disaster Relief Effort
Project Request and Acceptance Form**

Complete and Return this form to RI District 6200 Foundation at Rotary6200@lusfiber.net

Rotary Club of _____ Date of Request: _____

Project Coordinator/Contact Person: _____

Address: _____

City, State, Zip: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____

E-mail Address: _____

Project Title: _____

Project Scope:

Number of Individuals served: _____ Amount of request: \$ _____

Date needed: _____ Disbursement description: _____

Approval for Project – Club President or designee:

The typing of names in the signature block is intended to be an electronic signature.

Print Name

Signature

Below to be completed by RI District 6200 Foundation, Inc Trustees

Amount approved: \$ _____ Date: _____

Project number: _____

Modifications to the above request: _____

Description of approved distribution method: _____

Disbursements: _____

Stewardship Report & Photos due date: _____