

Application for Assistance

How can we help you do good works for the community?

Project title _____ Date _____

Applicant's name _____

Organization _____

Email address _____ Phone _____

Street address _____ City _____ State _____ ZIP _____

Were you referred by a Rotary Club member? *(include name here)* _____

Type of help requested *(Check all that apply)* Money _____ Volunteers _____ Other _____

Explain why you need this assistance.

FOR MONEY REQUESTS Amount requested \$ _____ Total project cost \$ _____

List each of the goods and services (and their costs) that will be paid for by this grant.

Have you received a previous grant from Delta-Waverly Rotary Foundation? No Yes

 If yes, what amount? \$ _____ When? _____ Purpose? _____

Is this a new or existing program? *(Check one response)* New Existing

Who will this project serve?

Description of the proposed project *(Add details on the next page or include supporting documents if needed.)*

Applicant signature _____ Date _____

DWR Foundation signature _____ Date _____

PLEASE RETURN TO:

Delta-Waverly Rotary Foundation
 P.O. Box 80872
 Lansing, MI 48908
 DWRotaryFoundation@gmail.com

Applications for Assistance are accepted throughout the year and will be considered during the next available monthly Delta-Waverly Rotary Foundation Board meeting. There may be a need for additional information. If so, a member of the Delta-Waverly Rotary Foundation will contact you to communicate what information is needed and how it should be provided.

PROVIDE ADDITIONAL PROJECT DETAILS BELOW IF NEEDED.

You may also attach supporting documentation to this application.