

**Rotary Club of Sylvania**

**Request for Funds**

**Date of request\_\_\_\_\_\_\_\_\_\_\_\_\_**

An individual, group or organization seeking funds from the Rotary Club of Sylvania must complete this form. Please be specific in your request and attach your budget for this project.

1. **APPLICANT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **PROJECT** (brief description, dates, who and how many Sylvania City and Sylvania Township residents served, etc.)

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1. **DESCRIBE HOW THIS FITS WITH ROTARY’S (7) AREAS OF FOCUS** (choose at least one)

* Peace/Conflict Resolution
* Disease Prevention/Treatment
* Water/Sanitation
* Maternal/Child Health
* Education/Literacy
* Economic/Community Development
* Environment

1. **AMOUNT OF FUNDING REQUESTED** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **ADDITIONAL FUNDING SOURCES** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **PROJECT BENEFITS AND PURPOSE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **HOW WILL THIS INVOLVE ORGANIZATIONS AND CITIZENS WITHIN SYLVANIA?**

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1. **HOW WILL SYLVANIA ROTARY BE RECOGNIZED FOR THEIR CONTRIBUTION?**

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1. **PLEASE ATTACH ADDITIONAL INFORMATION AND YOUR BUDGET**