



Sylvania Community Rotary Foundation Request for Funds

Date of request_____

An individual, group or organization seeking funds from the Sylvania Community Rotary Foundation 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 _____

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

3. **DESCRIBE HOW THIS FITS WITH ROTARY'S KEY INITIATIVES** (choose at least one)

- Health and/or fighting disease
- Community Partnerships
- Literacy and Education

4. **AMOUNT OF FUNDING REQUESTED** _____

5. **ADDITIONAL FUNDING SOURCES** _____

6. **PROJECT BENEFITS AND PURPOSE** _____

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

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

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