

TUSCALOOSA MORNING ROTARY FOUNDATION

P.O. Box 21286, Tuscaloosa, AL 35402

FUND ALLOCATION REQUEST FORM

The Tuscaloosa Morning Rotary Foundation is dedicated to helping meet the needs of organizations and individuals both locally and internationally whose requests correspond with the principles of Rotary and our Club's Bylaws. All funds requested will be reviewed semiannually unless an "Emergency Need" request is made, which will be reviewed on an as-needed basis. All approved requests will be paid by check only. Please fill out this form **completely** and return to the address listed above. Type or print legibly with blue or black ink. Please be advised that requests for political contributions or donations to political causes will not be considered.

Check One:

General Donation Request * (Please submit these requests by June 1st or December 1st)

*If awarded, any donation should be considered a one-time gift and should not be anticipated on a continuous basis.

Emergency Need Request (up to \$1,000 unless otherwise approved by the Foundation Board)

Date of request: _____ Amount requested: _____

Name of Organization or Individual: _____

Address: _____

City/Zip: _____ Phone: _____

Name of Person requesting funds: _____

Phone: _____ Email: address: _____

Are you authorized to request funds on behalf of the organization/individual? Yes No

Is the Organization a tax exempt 501c(3) non profit corporation? Yes No

Federal Tax ID# of Organization: _____

Describe how the funds will be used (If this is for an Emergency Request, please explain circumstances) **Please be specific.** (Attach additional sheets if necessary):

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Briefly describe the Organization/Individual's primary purpose/mission: (Attach brochures, pamphlets, if available):

By signing below, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a donation be awarded, to the use of the Organization's name and other information, logo, photos of the Organization and its agents, etc. in any promotional material generated by The Tuscaloosa Morning Rotary Club for its use. I (we) also consent to creating a Public Service Announcement (PSA) about the fund allocation for news outlets if so requested by the Club. If funds are allocated, I (we) also agree to have a representative from the Organization/Individual attend a Rotary Club meeting to formally receive the donation, if schedules permit. I (we) agree that this form and any additional information provided will be kept and not returned regardless of whether or not the request for funds is approved or declined.

Name(s) of Rotarian(s) from The Tuscaloosa Morning Rotary Club affiliated with the organization or individual: _____

Signature/Title of requestor: _____

Make check payable to: _____

Name/Address to be mailed: _____
(if applicable)

-----**FOR ROTARY USE ONLY**-----

Date request received: _____ Received by: _____

Approved Declined Amount Awarded: \$ _____ Date: _____

Special comments or requirements: _____
