

## 2016 Parole Rotary Grant Application

Name of Organization: \_\_\_\_\_

Parent Organization (if different): \_\_\_\_\_

Total Organization annual budget: \_\_\_\_\_

Federal ID# \_\_\_\_\_ Maryland DLLR# \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Budget: \_\_\_\_\_ Amount: Requested from Parole Rotary \_\_\_\_\_

Estimated number of AA county residents to be served by Program \_\_\_\_\_

Estimated number of AA county residents to be served by Parole Rotary Grant \_\_\_\_\_

Date Program will begin \_\_\_\_\_ Date Program will end: \_\_\_\_\_

Name of Executive Director: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Program Director \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Application Preparer: \_\_\_\_\_

Primary category of Request – check apply one box (information for statistical purposes)

Education  Arts  Health/Welfare

Population served – check all that apply:  General population  Low income/welfare

Homeless  Student  Other-specifiy \_\_\_\_\_

Ages served – check all that apply:  All  <12  13-19  20-34  35-65  >65

Previous Parole Grantee:  No  Yes Grant Year(s) \_\_\_\_\_

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Brief (30 words or less) description of your proposed program including expected numeric outcomes:

By signing below, you affirm that your organization does not discriminate by race, creed, gender, sexual orientation, age, religion, disability, or national origin.

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Executive Director

Date

1.5.16