



Community Grant Request

Date of Application _____

Name of Organization Applying _____

Organization Mailing Address _____

Grant Contact Name _____

Grant Contact Phone Number: _____ Grant Contact Email: _____

Project Name: _____

Amount Requested: _____ Total Cost of Project: _____

Date(s) of Project: _____ Geographic Area Served: _____

1. Explain why your organization is requesting this grant, what outcomes you hope to achieve, and how you will spend the funds if the grant is made.

2. Please describe the target population for your project and how they will benefit and the quantity of individuals affected by the project/program.

3. How will Bay City Morning Rotary be recognized if your Organization receives this grant?

4. Has your organization applied for previous support from Bay City Morning Rotary? (If so, please describe project/program, dates of support, and amount awarded.)

Email this request to:

Lisa Cleland
Chair Bay City Morning Rotary Special Projects
lisa.cleland@mclaren.org

Please note: A committee reviews requests then a recommendation is made to the Board, which meets once a month. Priority will be given to requests that benefit large numbers in the Bay Area community.

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

Grant Approved: ___ Yes ___ No Approval or Denial Date: _____

Reason for Denial: _____