



Community Service Grant Request

Date of Application _____

Name of Organization Applying _____

Executive Director or Contact Person/Title _____

Daytime Phone _____ Email Address _____

Mailing Address _____

Has your organization received previous support from the Bay City Morning Rotary (describe):

Project Name _____

Purpose of Grant _____

Date of Project _____ Amount Requested _____

Total Project Cost _____

Describe Who and How Many the Project will Serve _____

Geographic Area Served _____

Email this request to:

Shannon Flippin, Chairperson
Bay City Morning Rotary Community Service Committee
flippins@e-hps.net

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. Examples of previous granted requests are available.

Date Received _____ Date to Committee _____ Date to Board _____ Disposition _____