

## Organization or Individual Grant and Project Application Form

Name	Title	e
Organization (check pay	able to:)	
Mailing Address		
Phone Number	Email Address	
Web Site		Tax ID#
Project or Activity (Please	e provide as much detail as p	oossible. Use a separate sheet if necessary)
Itemized List of Projected	d Expenses	
nomized ziet er i rejectet	2 Experience	
Total Requested Funding	g Other Funding	Amount(s)
Other Funding Source(s	s)	
Proposed Start Date of I	Project/Activity	Completion Date
Signature		
te: By completing this form you	agree to complete and return the g	rant summary and evaluation form within one month of the
	, ,	if your application is funded by the Albany Rotary Club.
Return completed application to		4 Albany CA 94706 or grants@albanycarotary.org
		ended funding amount:
Albany Rotary Foundation	n funding: yes no Re	ecommended funding amount: