

Albany Rotary
Grant Application

Date_____

Name of Applicant_____

Organization Name_____

Tax ID #_____

Phone Number_____ Email Address_____

Web Site_____

Proposed Project/Activity (Please provide as much detail as possible; use
separate sheet if necessary)

Itemized List of Projected Expenses_____

Total Projected Expenses_____

Other Funding Sources_____

Proposed Start & Completion Date of Project/Activity_____

Signature_____

Please return completed application to the Albany Rotary, PO Box 6004 Albany
CA 94706 or to grants@albanyrotary.org