Rotary Club of Eau Claire

Funding Request Application

Submission Date:

Organization Name:

Address:

City: ST Zip

Organization Website: **FEIN/Tax Id:**

Who is the Rotary Club of Eau Claire member sponsoring your grant request?

Who:_____

Are you a registered 501(c)3?

☐ Yes ☐ No

Which Rotary funding area are you applying for?

Primary Organizational Contact:

Phone: **Email:**

Preferred Method of Contact (check one):

☐ Phone ☐ Email

Brief Overview of Organization *(Limit 250 words, attach extra sheet if necessary)*:

Describe Project *(Limit 500 words, attach extra sheet if necessary)*:

Amount Requested *(please attach Project/Event budget showing projected revenue & expenses)*:

How will the Rotary Club of Eau Claire be recognized? *(Attach extra sheet if necessary)*

Has Your Organization Received Support in Previous Years?

☐ Yes ☐ No

Additional Information:
Please submit any supporting documents to **eauclairerotary@gmail.com**