

## 2017 Parole Rotary Application Cover Sheet

Name of Organization: \_\_\_\_\_  
Parent Organization (if different): \_\_\_\_\_  
Total Organization annual budget: \_\_\_\_\_  
Federal ID# \_\_\_\_\_ Maryland DLLR# \_\_\_\_\_

Program Name: \_\_\_\_\_  
Program Budget: \_\_\_\_\_ Amount: Requested from Parole Rotary \_\_\_\_\_  
Estimated number of AA county residents to be served by Program \_\_\_\_\_  
Estimated number of AA county residents to be served by Parole Rotary Grant \_\_\_\_\_  
Date Program will begin \_\_\_\_\_ Date Program will end: \_\_\_\_\_  
Name of Executive Director: \_\_\_\_\_  
Organization Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Program Director \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Name of Application Preparer: \_\_\_\_\_

Primary category of Request – check apply one box (information for statistical purposes)

Education  Arts  Health/Welfare

Population served – check all that apply:  General population  Low income/welfare

Homeless  Student  Other-specify \_\_\_\_\_

Ages served – check all that apply:  All  <12  13-19  20-34  35-65  >65

Previous Parole Grantee:  No  Yes Grant Year(s) \_\_\_\_\_

Brief (30 words or less) description of your proposed program including expected numeric outcomes:

By signing below, you affirm that your organization does not discriminate by race, creed, gender, sexual orientation, age, religion, disability, or national origin.

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date