



# ASTORIA ROTARY CLUB

ASTORIA, OREGON

## Funding Request Form

The Astoria Rotary Club considers many factors when making decisions on funding requests. Please keep these factors in mind as you complete your application.

- Does the grant support the goals of Rotary?
- Does the activity have other funding sources?
- If the funding request is for an ongoing project/program, how will the project or program be funded once initial funds are depleted?
- Does the project have financial or other substantive support from other local groups?
- Can the Astoria Rotary Club provide other assistance instead of (or in addition to) a financial contribution?
- How will the success of the project/program be measured?
- Has Rotary contributed to the project/program in the past?
- Will a presentation be made to the club before, during or after the project/program?

**Please complete the form below, and attach any documentation that supports your request.**

Applicant/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Does the organization have non-profit 501(c)3 status? \_\_\_\_\_

Project Title: \_\_\_\_\_

Type of Activity: \_\_\_\_\_

Brief Description of Project and Timeframe: \_\_\_\_\_

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Benefits of Project: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Organization's Current Year Operating Expenses: \$ \_\_\_\_\_

Organization's Prior Year Operating Expenses: \$ \_\_\_\_\_

Grant Request: \$ \_\_\_\_\_ Applicant Matching Funds: \$ \_\_\_\_\_

By what date are the funds needed? \_\_\_\_\_

I hereby certify that all of the facts, figures and representations made in this application, including all attachments, are true and correct to the best of my knowledge. I further certify that this application is made with the approval of this organization's governing body.

Authorized By (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return application to: Astoria Rotary Club, PO Box 814, Astoria, OR 97103**