

**ROTARY CLUB OF GREEN VALLEY  
FUNDING REQUEST FORM**



Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

Physical Address of Program: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Date Organization/Program started \_\_\_\_\_

Does your Organization have 501 C (3) Status? Yes ( ) No ( )

Has your Organization previously requested funds from Rotary? Yes ( ) No ( )

If yes, indicate most recent request date? \_\_\_\_\_

If request was funded, date funded \_\_\_\_\_ Amount \$ \_\_\_\_\_

Please answer:

1) Describe Program that will utilize requested funds

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) How will funds be used?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Amount requested \$ \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Name Title

Please submit responses to: Green Valley Rotary Club  
P.O. Box 701  
Green Valley, Az 85622