



**SUNRIVER ROTARY CLUB  
FOUNDATION**  
P.O. Box 4761 - Sunriver, OR 97707



**APPLICATION FOR FUNDING**

1. Name of Organization: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Contact Person and Title: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. Federal Income Tax Number: \_\_\_\_\_
6. Is your Organization a 501 (c) (3)? Yes\_\_\_\_ No\_\_\_\_
7. Brief Description of Organization's Purpose: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Geographical Community Served: \_\_\_\_\_
9. Approximate Number of Individuals, Families or Groups Served: \_\_\_\_\_  
\_\_\_\_\_

10. State the Purpose of your Request.  
Include the amount requested funding date needed. \$ \_\_\_\_\_ Date \_\_\_\_\_  
Provide specifics of how the funds will be used.

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

11. List your other Sources of Funding for this Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. How will the effective use of these funds be measured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use reverse if needed.)

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

Representative's Printed Name                  Representative's Signature                  Date

**Please include the following with your application:**

- Copy of your 501 (c) (3)
- Prior year's Financial Statements (P&L and Balance Sheet)
- Current year's budget
- Post Funding Report, if we funded you previously, summarizing the use of the funding and the actual benefits to your organization compared to the anticipated benefits per the original application.