



Arden Arcade Rotary

Rotary Club of Arden Arcade Foundation Community Grant Application

Name of Applicant: _____

Organization: _____

Address: _____

Website: _____

Phone: _____ E-mail: _____

Is the entity a nonprofit organization? _____

If so, what is your federal ID number? _____

How long has the organization existed? _____

Organization's Mission:

Amount Requested: \$ _____

Project Description:

Project completion date or timeframe:

How does the project coincide with Rotary Club of Arden Arcade's goal of Service Above Self?

How does the project focus on the needs of the Arden Arcade area (Howe Avenue, Highway 80, Mission Ave and American River) or its neighboring communities?

Does the fundraising request target any of the following audiences? (Check all that apply)

- Children
- Veterans
- Seniors
- Homeless
- Impoverished Families
- Other: _____

Are you requesting funding from any other individuals, organizations, or funders?

Is this the first time making a grant request of the Rotary Club of Arden Arcade? If not, please provide a list of previous requests.

Will you be able to attend a Rotary meeting to report on progress or completion of project?

Additional comments:

Signature: _____ Date: _____

Submit completed applications by email to 2020steveturner@gmail.com