



ROTARY CLUB OF CRESTED BUTTE

Application For Community Grants

Legal Name of Organization:

Mailing Address:

Authorized Contact Person:

Title:

Phone:

E-mail:

Mission or Purpose of Organization:

Proposed Use of the Grant Funding:

Expected benefits and measures of success:

AMOUNT REQUESTED:

Total Cost of Project:

Numbers Served by Project:

Project Duration (include start and end dates):

P. O. Box 422, Crested Butte, CO 81224

SERVICE Above Self

Does the organization have paid staff? Explain.

Does the organization receive government funding? Explain.

Identify other sources of funds and amounts.

If awarded any funding by Rotary, how will you announce, advertise or otherwise publicly recognize Rotary's contribution?

Please provide a copy of current operating and / or project budget.

I certify that the information provided in this Grant Application is accurate.

Signature of Contact Person _____ *Date* _____

Signature of Board Representative _____ *Date* _____