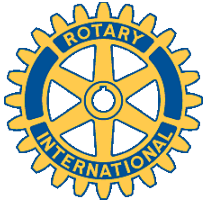# ROTARY CLUB OF CRESTED BUTTE

Legal Name of Organization:

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 (with start and end dates):

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_____