

2016-2017 Chesapeake Rotary Foundation Officers

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*Chesapeake Rotary
Foundation*

Community Service Grant Application

Date _____

Group Name: _____

Group Telephone: _____ Website _____

Mailing Address _____

Contact Name: _____ Phone _____

Email: _____

Project Address (if different) _____

Organization Mission: _____

Recent Activities: _____

Type of project for which funding is requested: _____

Number of people served by project: _____

Project beginning and end dates: _____ Project Budget: \$ _____

Amount of request to Rotary Club of Chesapeake: \$ _____ (typically a few hundred up to \$1,000.00)

Sources and amounts of other funding raised for the project: _____

Evaluation Process-How will you know your project has been a success? _____

Statement of how your project meets the Community Service Mission of the Rotary Club of Chesapeake: _____

(CRF awards grant on a quarterly basis – please allow 90 days for the review of this application)