



Great Bridge Rotary Club

Community Project Funding Application

Date _____

Organization Name:

Years in existence: _____

Contact Information for Group:

Key Contact Information:

Organization Mission:

Summary of Recent Activities:

Type of project for which funding is requested: _____

Location of project:

Number of people served by project: _____

Project beginning and end dates: _____

Project Budget: \$ _____

Amount of request to Great Bridge Rotary Club: \$ _____ (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 Goals of the Great Bridge Rotary Club:

(Applications due September 1. Please allow 60 days for the review of this application)

Great Bridge Rotary Club - P.O. Box 15515, Chesapeake, VA 23328-15515 - www.greatbridgerotary.org

For Great Bridge Rotary Club Internal Use

Date Approved: _____

Notes:

Signature: _____