



PACIFIC GROVE ROTARY GRANT REQUEST SUBMISSION FORM

Name of Organization: _____

Address of Organization: _____

Telephone # & Email Address: _____

Non-Profit Status & Tax ID _____

In the space below or on a separate sheet, please provide a summary of the purpose of your request and the overall benefit to our community:

Amount requested: \$ _____

Date by which funds are requested: _____

Name and contact information for organization representative requesting this grant:

Signature _____ Date _____