

P.O. Box 15608 Fernandina Beach, Fl 32035

## www.ameliaislandrotary.org

## REQUEST FOR FUNDING

Name of Organization (Check payable to):			
Address:	City:	State:	Zip Code:
County:	Federal Tax ID#		
Is your organization a 501 (3)(c): Yes No  If No, does this project have a charitable component?			
Contact Name:	Title:		
Best Phone Number:	Amount Requested:	Funds N	eeded By:
Email Address: Commitment Needed By:			
Organization Budget:			
Approximate number of people that will benefit from this project (in first year, if ongoing):			
Which Area of Focus applies to this reques	t? (check all that apply)		
Basic Education and Literacy  Water and Sanitation  Disease Prevention/Treatment  Supporting the Environment			
Economic/Community Developme	ent		
Project Title (short description):			
Did your organization receive support from	one of the Rotary Clubs of Na	ssau County in the pas	et year? Yes No
If yes, from which club and the amount received:			
Describe your organization's mission/purpo	ose:		
Are you or someone from your organization at one of the Rotary Club of Amelia Island S		aker Yes	No
Is your organization willing to participate in promoting the event to your membership, I		Yes	No
If your project is determined to be a c			otary District 6970 grant