**Rotary Club of Hannibal**

**Community Action Committee**

**Grant Application**

**Date of Application:**

**Applicant Name:**

**Attention:**

**E-Mail Address:**

**Address:**

**City: State: Zip:**

**Phone Number:**

**Grant Amount Requested:**

**Please explain the purpose for applying for a grant from the Rotary Club of Hannibal:**

**If approved, please note the timeline for the completion of program or use for monies:**

**Please explain the total budget for the program. Please include the nature and amount of any additional monies received or requested from other organizations, individuals or government entities:**

**Please state the name of any and all individuals who will administer the receipt and payment of grant monies:**

**Please list any donations, amount, date and use of such donations previously received from the Rotary Club of Hannibal:**

**If approved, please provide information regarding check issuance and presentation:**

**Make Check To:**

**Address:**

**City: State: Zip:**

**If approved, would a representative from your organization be available for a check presentation in front of the Rotary Club of Hannibal?**

**YES NO**

Thank you for your grant request from the Rotary Club of Hannibal. Please submit completed applications to Neil Maune nfmaune@wasinglaw.com. Applications may also be mailed to:

Rotary Club of Hannibal

Attn: Community Action Committee

PO Box 1386

Hannibal, MO 63401

Sincerely,

Rotary Club of Hannibal

Community Action Committee

**Rotary Club of Hannibal - Internal Use Only:**

**Date Received:**

**Amount Requested:**

**Amount Approved:**

**Date Approved by CAC:**

**Date Approved by Executive Leadership Board:**

**Date of Check:**