## **Stockton Sunrise Rotary Club Grant Application**

This form must be completed in full and postmarked no later than  You may attach additional information, but it must accompany this completed form.  The completed form and two copies should be mailed to:  Stockton Sunrise Rotary Club, Attn: Club President, P.O. Box 7501, Stockton, CA 95207				
Organization Name		Date		
5				
Name & Title of person requesting funds		Phone		
Address (city, state & zi	ip)			
President	Phone	Years of Service		
Vice President	Phone	Years of Service		
Secretary	Phone	Years of Service		
Treasurer	Phone	Years of Service		
Please also attach the fo	<ul> <li>Names of Board of Dire</li> <li>Most recent financial st</li> <li>Most recent year-end financial</li> </ul>	atement		
Years in existence	FY Operating budget	% Administration		

1.	Clearly describe the purpose, services, and major activities of your organization.		
2.	Other sources	s of funding.	
3.	Number of:		
		Paid fulltime staff Volunteers	Part-time staff Members
4.		chief executive officer:	
5.	List any Stock	kton Sunrise Rotary Club Member	rs actively involved in your organization
6.	Amount of fu	ands requested: \$	
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7.	How will funds be spent and what are the expected	l results? (Be Specific)	
8.	Have you received funds from Stockton Sunrise R If yes, please give years, amounts received, purpos Attach additional information as needed.		
9.	Are contributions to your organization declared ex U.S. Department of Treasury, Internal Revenue Set Tax ID #:		
10.	If you are a Grants Recipient, how will Stockton S	unrise Rotary be recognized?	
Submitted by:			
Name	me Title		
Phone	one Number Emai	l Address	