

Request For Funds

Name of Requestor/ Organization _____

Address: _____

Phone Number: _____ Email Address: _____

Project Description:

Title of Project: _____

How Many Children Will Be Impacted? _____

What Do You Hope To Achieve? _____

When Are The Funds Needed? _____

Requested Funds Amount \$ _____

Amount of Funding Earned/ Requested From Other Sources \$ _____

Total Cost of Project: \$ _____

What time of day could you attend an Optimist meeting to discuss your project? Lunch Dinner

Have you received funds from The Lebanon Optimist Club this year? Yes No

If approved, to whom should the check be payable? _____

By signing below, the requestor agrees that should your request for funds be approved by The Lebanon Optimist Club, funds will be used solely for the purpose stated in this request. Grant funds cannot be distributed for other projects or transferred to another payee without prior consent of the Lebanon Optimist Club.

Signature of Requestor

Date