



PO Box 477, Fairfield, CA 94533
fsrotary.org and facebook.com/fsrotary

Organization: _____

Contact Person: _____ Phone: _____

Address: _____

Website: _____ Email: _____

Yrs. established: _____ Non-Profit: [] Yes [] No Tax ID #: _____

Name of project: _____

Amount requested: \$ [] Total budget for project: \$ _____ Amt raised to date: \$ _____

List sources of other funds: _____

Description of Project (Include who and how many will benefit, how the community will benefit, etc.):

Have you solicited our club before? [] Yes [] No Were you funded? [] Yes [] No How much? \$ _____

How will Rotary be recognized for the contribution? _____

Fairfield-Suisun Rotarian volunteers to your program or endorsing this request:

(To completed by Fairfield-Suisun Rotary Club)

Name of Rotarian Endorsing: _____ Date Rec'd: _____

Board Approved: [] Yes [] No

Reason: _____

By: _____ Date: _____