## **Modesto Sunrise Rotary Club Foundation Donation Request Application**

## **Modesto Sunrise Rotary Club Foundation**

Federal Tax I.D. # 770060765 P.O. Box 5042 Modesto, CA 95352 info@modestosunriserotary.org

## **Requesting party Contact Information**

Agency / Organization Name:

Street Address:				
City:	State:		Zip Code:	
Phone		Fax		
Web Page Address:				
Courts at Douge a		Tial a .		
Contact Person:		Title:		
Email Address:				
Phone:				
Agency/Organization Information	n			
Agency/ Organization Legal Name:	T			
Tax Status:	Tax ID I	Number:		
Brief Summary of Agency/organization's history				
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Drief Comment of A new restants and a minute	:	-1-		
Brief Summary of Agency/organization's mission and goals				
Description of current programs, activities and accomplishments.				

Would you be willing to Support Modesto Sunrise Rotary's Fund raising events by advertising with your membership, adding the event to your website and organization publications?				
Donation Request Information:				
Project/Event Title:				
Project/Event Period – Event Date:	Project/Event – Location:			
Amount requested:	Date funds neede	Date funds needed:		
Total Organization Budget:	Total Project/Eve	nt Budget:		
Geographic area(s) to be served:				
Community Partners:				
Prior Funding received from Modesto Sunrise Ro	tary Club Foundation	(list below)		
Program Name/Type:	Date:	Amount:		
Program Name/Type:	Date:	Amount:		
Program Name/Type:	Date:	Amount:		
Grant Purpose (Maximum 2 pages)  Statement of needs/problems to be address	ed (include a descrip	otion of target population		
	•	otion of target population		
-	these funds)			

Sustainability plan: Long-term strategies for funding the project			
Evaluation Plan: Description of how the success of the fur and measured:	nded program/event will be defined		
Communication Plan: Description of how the program/eve	ent progress and result will be		
communicated and to whom.			
Name of Authorized Representative	Title		
Signature	 Date		
Jighature	Date		