**
Rotary Club of Lakewood / Grant Application ($500 or Less)**

**Community Concerns Committee**

Date:

Organization:

Address: P

Mailing address (if different):

Contact Person:     Phone:

Email: Website:

Project Title:

Time Period:

Amount of request:

Project description and number of persons to be served/impacted by Project:

1.      Briefly describe the mission or purpose of the Organization and what are the primary programs of the Organization:

2.      Describe the project/program for which you are seeking funding, including whether it is new or ongoing.

3.      Describe the need for this PROJECT/PROGRAM within your agency and the community.

4.      Describe the target population and impact this PROJECT/PROGRAM will have on the community, life of a child and or quality of life for a family.

5.      Describe how PROJECT/PROGRAM is focused on Rotary Club of Lakewood’s primary service area of Lakewood.

6.   If this is a renewal request, describe the outcomes/results attained to date.

**General Information**

Number of full time employees:   \_\_\_\_\_\_    Part time employees:  \_\_\_\_\_        Volunteers: \_\_\_\_\_\_\_

 Geographic area served by your organization:

Are any of your Board members a Rotary Club of Lakewood member? \_\_\_ Yes     \_\_\_No.  If yes, please list below: