

## The Rotary Club of Cumberland Allocation Request Form

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant Information:		Date:
Organization Name:		
Organization Mailing Address:		
City:	State:	Zip Code
Phone Number:	Fax Number	:
Does your Organization have IRS Tax-Exem	npt Status? ( <b>Proof is</b>	required to be considered)
Name of Authorized Representative:		
Representative's Title:		
Representative's Phone Number:		
Representative's E-Mail Address:		
Name of Rotarian Contact (if any):		
Has your Organization received funding from	Rotary in the past?_	
If so, when, and for what amount(s)?		

Please attach a copy of your organizations' most recent financial report and proof of Tax Exempt status to this application.

## **Description of Request:**

What is the basic mission/purpose of your organization?	
Amount of Funding Request from the Rotary Club of Cumberla	nd:\$
f awarded, how will these funds be used?	
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All Applications must be postmarked no later than Apri	
The Rotary Club of Cu	ımberland
Attn: Jeff O'Neal, Chair A	
12500 Willowbro	ook
Road, Cumberland 21502	I, MD
I certify that the information provided in this applicati	on is accurate and correct.
Signature of Authorized Organization Representative	Date