Stockton Sunrise Rotary Club Application for Contributions

Please complete this application to help us properly consider your funding request. This form must be completed in full and postmarked no later than April 25 of the application year.. *You may attach additional information, but it must accompany this completed form.* The completed form *and two copies* should be mailed to:

Stockton Sunrise Rotary Club, Attn: Club President, PO Box 7501, Stockton, CA 95207

Oussuinstian name		Dete
Organization name		Date
Name & title of person 1	Phone	
Address (city, state & zi	ip)	
President	Phone	Years of service
Vice President	Phone	Years of service
Secretary	Phone	Years of service
Treasurer	Phone	Years of service
Please also attach the fo	 Names of Board of Directors, Most recent financial statement Most recent year-end financial statement 	ent.
Years in existence	FY Operating budget	% Administration

1.	Clearly describe purpose, services a	learly describe purpose, services and major activities of your organization.		
2.	Other sources of funding:			
	g.			
3.	Number of:	Death discounts 66		
	Paid fulltime staff Volunteers	Part-time staff Members		
4.		Wembers		
••	Years of service:			
5.	List any Stockton Sunrise Rotary Club Members actively involved in your organi			
6.	Amount of funds requested: \$			
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Teleph	hone Number	Email Address	
Name		Title	
Submi	itted by:		
10.	If you are this year's Grants red	cipient, how will Stockton Sunrise Rotary be recognized?	
9.	Are contributions to your organization declared exempt for income tax purposes by the U.S. Dept. of Treasury, Internal Revenue Service? [] Yes [] No Tax ID:		
	information as needed.		
8.	Have you received funds from Stockton Sunrise Rotary Club in the past 10 years? If yes, please give years, amounts received, purpose and how used. Attach additional		
7.	How will funds be spent and what result will be achieved? (Be specific.)		