

# Application for Financial Support from Lakes Region Rotary Foundation

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Amount of support requested\*: \_\_\_\_\_ Date funds needed by\*\*: \_\_\_\_\_

**\*If an organization is granted a large gift (\$5,000+), LR Rotary Foundation will not consider a new large request from that organization within the next 3 years.**

Is the organization 501(c)3 tax exempt?  Yes  No

Does the organization have a relationship with Lakes Region Rotary?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Is the organization a United Way Agency?  Yes  No

Does the organization fund/sponsor other non-profits?  Yes  No

If yes, which ones? \_\_\_\_\_

Please include the following information with the application:

1. Proposal Summary
2. Current List of Board Members
3. Any other information important for Lakes Region Rotary to consider when reviewing your request.

In addition, for requests over \$1,000, please include:

4. Project Budget
5. Operating Budget

<b>**Review Month</b>	<b>Application Deadline</b>
<b>July</b>	<b>June 30</b>
<b>October</b>	<b>September 30</b>
<b>January</b>	<b>December 31</b>
<b>April</b>	<b>March 31</b>

**Lakes Region Rotary Foundation will notify the organization of its decision by the end of the review month. Please submit all materials via mail to**

**Lakes Region Rotary Foundation  
c/o Lakes Region Rotary  
Laconia, NH 03247-0822**