



FINDLAY ROTARY CLUB YOUTH COMMITTEE

## Funding Request Form

# Youth

Agency Name: \_\_\_\_\_

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

Agency Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

1. Agency purpose/mission statement:
  
2. Description of event/program, including how it will serve the child "at risk".
  
3. Anticipated number of children served by event/program.
  
4. Date of event/program.
  
5. Anticipated overall events/program cost.
  
6. Total amount being requested from Rotary Youth Committee.
  
7. Anticipated use of funds requested from Rotary.

\_\_\_\_\_  
*Signature of agency representative*

\_\_\_\_\_  
*Date submitted*

Submit completed form to: Findlay Rotary Club  
Youth Committee  
101 W Sandusky St #200  
Findlay OH 45840