

## 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-Exen	npt Status? ( <b>Proof is ı</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	n Rotary in thepast?	-	
If so, when, and for what amount(s)?			

Please attach a copy of your organizations' most recent financial report and proof of Tax Exe  ${\bf n}$  application.

## **Description of Request:**

What is the basic mission/purpose of yourorganization?	
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Amount of Funding Request from the Rotary Club of Cumberland:	\$
If awarded, how will these funds be used?	
All Applications must be received or postmarked no later the mail all applications with supporting documents or mail to	
The Rotary Club of Cumber	rland
Attn: Kathy Staffford	
Chair Allocations	
312 Prince George Street	
Cumberland, MD 21502	
jandkstafford@atlanticbb.ne	et
I certify that the information provided in this application is a	ccurate and correct.
Signature of Authorized Organization Representative	