



FINDLAY ROTARY CLUB YOUTH COMMITTEE

Funding Request Form

Youth

Agency Name:

Agency Street Address:

Agency City, State, Zip:

Agency Phone:

Contact Person:

Contact e-mail address:

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 these funds.**

Signature of agency representative

Date submitted

Submit completed form to: Findlay Rotary Club
Youth Committee
101 W Sandusky St – Suite 212
Findlay OH 45840