



MASSILLON ROTARY FOUNDATION

C/O Wayne Savings Community Bank
151 North Market Street
Wooster, Oh. 44691
Phone: (330) 287-2855

www.massillonrotary.org

SERVICE ABOVE SELF

MASSILLON ROTARY FOUNDATION GRANT APPLICATION

1.

Name of Organization _____

Non Profit 501C3 # _____ ID Number _____

Address _____

City / State / Zip _____

Executive Director _____

Phone Number _____ Fax Number _____

Email Address _____ Web Site _____

Contact Person _____ Title _____

2 **Primary mission of your organization.**

3 **Describe the project or service.** (Please provide pamphlets, brochures, annual reports, etc. with your project or program highlighted and summarized below.)

4 If the project involves a cooperating organization, please provide the name of the organization.

5 How much money is requested from the Massillon Rotary Foundation and when needed.

6 What is the total project budget .

7 Items to be purchased.

Item to be purchased	Name of supplier	Cost

Date reviewed _____

Recommended action _____ (Approval, Disapproval, or Partial)

Amount approved _____

Presented to MRF _____