

# District 6630 Grants Committee



## Grant Inquiry Form



Please check type of grant required:

District Simplified Grant     Matching Grant     Volunteer Service Grant  
 Health, Hunger and Humanity Grant     Blane Community Immunization Grant



### Rotary Club Information (Please provide at least 2 names)

Rotary Club of:	Club No:
Contact Person:	Email:
Phone: Office:                      Cell:	Home:                      Fax:
Mailing Address:	

Contact Person 2:	Email:
Phone: Office:                      Cell:	Home:                      Fax:
Mailing Address:	

### Rotary Partnership Club Information (if applicable)

Rotary Club of:	Club No:
Contact Person:	Email:
Mailing Address:	
Contact Person 2:	Email:
Phone: Office:                      Cell:	Home:                      Fax:
Mailing Address:	

### Project/Program Summary

#### Summary of Project or Program

#### Who will this project/program serve?

(special populations, geographic area, community focus, organizational focus, etc.)