



The Rotary Club of New Milford 2018 Application for Funding

APPLICANT INFORMATION:

Organization name					
Organization's mission statement (200 characters maximum)					
Year founded					
Mailing address					
City, State, Zip					
Do you have 501(c)(3) status from IRS?					
Have you received funds from the NMRCCCT in the past?					
Organization website					
Organization's general email address					
Executive director/President					
Application contact name, email, phone					
Geographic areas you serve. Check all that apply.	<input type="checkbox"/> New Milford <input type="checkbox"/> Greater New Milford <input type="checkbox"/> Litchfield County <input type="checkbox"/> CT statewide <input type="checkbox"/> National				
Indicate the one program area that best describes your organization's focus:					
<input type="checkbox"/> Community Development	<input type="checkbox"/> Education	<input type="checkbox"/> Environment	<input type="checkbox"/> Health	<input type="checkbox"/> Basic needs (e.g., food, shelter)	<input type="checkbox"/> Arts & Culture
<input type="checkbox"/> Other (Please describe):					

INFORMATION RELATED TO THIS REQUEST:

Date of this request:	
This request is for:	<input type="checkbox"/> specific program <input type="checkbox"/> Multiple programs <input type="checkbox"/> operating expenses
Project/program name, or activity for which funding is being sought	
If you are applying for support for a particular program, when did you begin operating that program? (Check one)	<input type="checkbox"/> This request is <i>not</i> for support of a particular program. <input type="checkbox"/> This program began operating in the year _____. <input type="checkbox"/> This is the first year of this program.

How many people will benefit from your project?	
Budget for total expenses for proposed project or purpose.	
Organization's annual budget for total operating expenses.	
Dollar amount requested from New Milford Rotary	

Duration of the program/activity for which funding is being sought	Start date:
	End date:
Are you willing to present and/or share the outcome of your project with our club members?	

Please summarize below or on a separate sheet the details of how you will implement use of New Milford Rotary funds and what segment(s) of the population will benefit from use of funds. (250 words or less)

Questions relating to this application should be emailed to: fundingrequests@nmrotary.org.
Please return this application **no later than October 26, 2018** to:
The Rotary Club of New Milford
Funding Request Committee
P.O. Box 161, New Milford CT 06776