



LIBERTYVILLE SUNRISE ROTARY CLUB CONTRIBUTION APPLICATION 2022

ORGANIZATION NAME: _____

ADDRESS: _____

CITY: _____

STATE & ZIP: _____

PHONE NUMBER: _____ EXT: _____

TAX IDENTIFICATION NUMBER: _____

WEB ADDRESS: _____

CONTACT PERSON: _____

TITLE: _____

EMAIL ADDRESS: _____

REQUESTED AMT: \$ _____ TOTAL PROJECT BUDGET:\$ _____

PROJECT DURATION: FROM _____(mm/dd/yy) TO _____(mm/dd/yy)

REQUEST CATEGORY: _____ YOUTH & FAMILY _____ ARTS & CULTURE
_____ EDUCATION

ORGANIZATIONAL PURPOSE STATEMENT: (Attach additional page(s) if necessary)

BRIEF DESCRIPTION OF PROGRAM FOR WHICH FUNDING IS REQUESTED:



**LIBERTYVILLE SUNRISE ROTARY CLUB
CONTRIBUTION APPLICATION
2022**

SPECIFIC NEED FOR SUNRISE ROTARY SUPPORT:

HISTORY OF PREVIOUS SUPPORT FROM SUNRISE ROTARY:

Please Provide the Following as Attachments to your Application:

- 501 (C)(3) Exemption Notification
- Board of Directors & Staff Lists
- Current Year Budget
- Latest Audited Financial Statement
- Latest Annual Report
- Primary Funding Sources

PLEASE E- MAIL OR MAIL COMPLETED APPLICATION TO:



LIBERTYVILLE SUNRISE ROTARY CLUB CONTRIBUTION APPLICATION 2022

STEVEN A. RISLEY
CONTRIBUTIONS CHAIRMAN
LIBERTYVILLE SUNRISE ROTARY CLUB
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