



The Rotary Club of Cumberland Allocation Request Form

PLEASE TYPE OR PRINT ALL INFORMATION

Applicant Information:

Date: _____

Organization Name: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Does your Organization have IRS Tax-Exempt Status? (**Proof is required to considered**) _____

Name of Authorized Representative: _____

Representative's Title: _____

Representative's Phone Number: _____

Representative's E-Mail Address: _____

Name of Rotarian Contact (if any): _____

Has your Organization received funding from Rotary in the past? _____

If so, when, and for what amount(s)? _____

Description of Request:

What is the basic mission/purpose of your organization? _____

Amount of Funding Request from the Rotary Club of Cumberland:\$ _____

If awarded, how will these funds be used? _____

All Applications must be postmarked no later than **June 30, 2023**. **The Rotary Club of Cumberland may request additional information.** Please scan and e-mail all applications with supporting documents to:

The Rotary Club of Cumberland Attn: Kathy Stafford, Allocations Chairperson
312 Prince George Street Cumberland, MD 21502
jandkstafford@atlanticbb.net

I certify that the information provided in this application is accurate and correct.

Name of Authorized Organization Representative

Signature of Authorized Organization Representative

Date