

The Rotary Club of Cumberland Allocation Request Form PLEASE TYPE OR PRINT ALL INFORMATION

APPLICATION INFORMATION		DATE:
Organization Name:		
Organization Mailing Address:		
City:	State:	Zip Code:
Phone:	Fax:	
Does your organization have IRS Tax- YES NO	Exempt Status (proof is	required to be considered)
Name of Authorized Representative:		
Title:		
Phone:		
Email:		
Name of Rotarian Contact (if any):		
Has your organization received fundi	ng from Rotary in the pa	ast?YESNO
If so, when, and for what amount(s)?		
2024-2025	Amount:	
2023-2024	Amount:	
2022-2023	Amount:	

2021-2022	Amount:
2020-2021	Amount:
Description of Request	
What is the basic mission/p	urpose of your organization?
Amount of Funding Request	from the Rotary Club of Cumberland: \$
If awarded, how will these fu	unds be used?
All applicatio	
	ons must be emailed no later than July 31, 2025. Of Cumberland may request additional information.
-	and supporting documents to: jandkstafford@atlanticbb.net

An emailed application is preferred. If submitting via USPS, the application must be postmarked by July 31, 2025 and sent to: Kathy Stafford, Allocations Chair 312 Prince George Street, Cumberland, MD 21502

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

Name of Authorized Organization Representative