



Community Funding Application
Queen City Rotary Club
P.O. Box 3032
Manchester, NH 03105
www.queencityrotary.org

Name of Organization: _____

Address: _____

Contact Person: _____ Email _____

Telephone: _____
(____) _____ Fax(____) _____

PROJECT/PROGRAM DESCRIPTION:

Title: _____

Amount Requested: _____

Organization's Mission

Funding will support: (1-2 Sentences)

Summary of Project/Program Objectives (1-2 Sentences)

Population & Geographic area(s) to be served by Project/Event/Program:

Signature _____

