

**Rotary Club of Greensburg, IN**  
*P.O. Box 186*  
*Greensburg, IN 47240*



***Application for Funding***

**Name of Agency/Group Requesting Funds: (Required)**

**1. Specifically, what funding amount are you requesting from Rotary and for what?**

**2. How does this request relate to Rotary's 4-way test:** The Four-way test of the things we think, say or do.....

- |                              |                                            |                       |
|------------------------------|--------------------------------------------|-----------------------|
| 1. Is it the TRUTH?          | 2. Is it FAIR to all concerned?            | 3. Will it build GOOD |
| WILL and BETTER FRIENDSHIPS? | 4. Will it be BENEFICIAL to all concerned? |                       |

**3. Please provide a detailed budget for the proposed service: (if requesting over \$500)**  
(include sources of revenue and projected expenses – be specific – attach additional sheets if needed)

**4. List all fundraising activities your agency/group has conducted for this project: (If applicable & Not required)**

By my signature below I am confirming that all information included in this grant proposal is accurate. If funded, I further agree to complete evaluations as required by the Greensburg Rotary Club and, if requested speak to the Rotary Club about how their funding has helped our community.

**Proposal originator signature: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grant application due dates: January 15 April 15 July 15 October 15**  
*(Once system is in place)*