

ROTARY CLUB OF KISSIMMEE BAY
P.O. Box 420225
KISSIMMEE, FL 34742-0225

GRANT PROPOSAL APPLICATION

**Instructions: Please complete this form in its entirety
and attach to your support request.**

DATE: _____

NAME OF ORGANIZATION or
INDIVIDUAL : _____

NAME, TITLE AND ADDRESS CONTACT:

(ORGANIZATION
REPRESENTATIVE)

(TITLE)

(STREET ADDRESS)

(CITY / STATE / ZIP)

(DAYTIME PHONE NUMBER)

(FAX)

(E-MAIL ADDRESS)

AMOUNT OF SUPPORT REQUEST: _____

PURPOSE OF REQUEST: _____

PRIOR SUPPORT RECEIVED FROM ROTARY CLUB OF KISSIMMEE BAY

**Have you (or your organization) or a relative received support from the Rotary Club of
Kissimmee Bay in the past? If so, please explain below:**