

**TUSCALOOSA MORNING ROTARY FOUNDATION**

**P.O. Box 21286, Tuscaloosa, AL 35402**

**FUND ALLOCATION REQUEST FORM**

The Tuscaloosa Morning Rotary Foundation is dedicated to helping meet the needs of organizations and individuals both locally and internationally whose requests correspond with the principles of Rotary and our Club's Bylaws. All funds requested will be reviewed semiannually unless an "Emergency Need" request is made, which will be reviewed on an as-needed basis. All approved requests will be paid by check only. Please fill out this form **completely** and return to the address listed above. Type or print legibly with blue or black ink. Please be advised that requests for political contributions or donations to political causes will not be considered.

Check One:

General Donation Request \* (Please submit these requests by June 1st or December 1<sup>st</sup>)

\*If awarded, any donation should be considered a one-time gift and should not be anticipated on a continuous basis.

Emergency Need Request (up to \$1,000 unless otherwise approved by the Foundation Board)

Date of request: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Name of Organization or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Person requesting funds: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: address: \_\_\_\_\_

Are you authorized to request funds on behalf of the organization/individual?  Yes  No

Is the Organization a tax exempt 501c(3) non profit corporation?  Yes  No

Federal Tax ID# of Organization: \_\_\_\_\_

Describe how the funds will be used (If this is for an Emergency Request, please explain circumstances) **Please be specific.** (Attach additional sheets if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Next Page**

Briefly describe the Organization/Individual's primary purpose/mission: (Attach brochures, pamphlets, if available):

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*By signing below, I (we) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (we) also consent, should a donation be awarded, to the use of the Organization's name and other information, logo, photos of the Organization and its agents, etc. in any promotional material generated by The Tuscaloosa Morning Rotary Club for its use. I (we) also consent to creating a Public Service Announcement (PSA) about the fund allocation for news outlets if so requested by the Club. If funds are allocated, I (we) also agree to have a representative from the Organization/Individual attend a Rotary Club meeting to formally receive the donation, if schedules permit. I (we) agree that this form and any additional information provided will be kept and not returned regardless of whether or not the request for funds is approved or declined.*

Name(s) of Rotarian(s) from The Tuscaloosa Morning Rotary Club affiliated with the organization or individual: \_\_\_\_\_

Signature/Title of requestor: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Name/Address to be mailed: \_\_\_\_\_  
(if applicable)

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-----**FOR ROTARY USE ONLY**-----

Date request received: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved  Declined Amount Awarded: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Special comments or requirements: \_\_\_\_\_

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