

NORFI
(New Orleans Rotary Fund, Inc.)

Application

| Applicant Completes This Section (Please Print) | |
|--|----------------------|
| <div style="border: 1px solid black; width: 80%; margin: 0 auto; padding: 10px;"><p>Amount Requested _____</p></div> | |
| Name of Organization _____ | Phone Number _____ |
| Address of Organization _____ | City/State/Zip _____ |
| Purpose of Grant Request (Attach summary of no more than 250 words.) | |
| I certify that this grant is solely for the use of the organization named and will be used only for the purposes listed above. | |
| Name of Organization's Representative (print) _____ | Title _____ |
| Signature of Organization's Representative _____ | Date _____ |
| This Section Is For Use By NORFI | |
| Date _____ | Approved Grant _____ |
| Signature of NORFI President _____ | |

Instructions: Applicant completes top portion of this form and mails it to NORFI, c/o Rotary Club of New Orleans, 400 Poydras St. Suite 2950, New Orleans, LA 70130