

SPECIAL GIFTS

GRANTS REQUEST FORM

Request from District _____ Zone _____ Society _____

Contact Person: _____ Phone: _____

e-mail: _____ Address _____

Signature of President/Chairman _____ Date _____

A. Please define the need for the grant.

1. What is the need or the circumstance?

2. Is this project one time, start-up or ongoing?

3. Is there additional funding from other sources?

B. Define the recipient(s) in relation to the need.

1. List the name of the recipient(s).

2. Is the recipient an individual, a group, or an agency?

3. Explain how the grant will cover the need--totally or partially?

C. Follow-up: How will the contact person follow-up to assure the need has been met?

D. Other: Please add any other information pertaining to the request that you feel is important. Continue comments on a separate sheet of paper if necessary.

Date approved by the Committee _____

Signature of a Committee member _____

If you have any questions, please contact the Chairman of the Special Gifts Fund
Sandra O'Hedy 302-653-4023 or e-mail s.ohedy116@comcast.net