



**Community Funding Application
Goffstown Rotary Club
PO Box 533
Goffstown, NH 03045**

Name of Organization: _____

Address: _____

Contact Person: _____ Email/Telephone # _____

PROJECT/PROGRAM DESCRIPTION:

Title: _____

Amount Requested: _____

Organization's Mission

Funding will support:

Summary of Project/Program Objectives (1-2 Sentences)

Population & Geographic area(s) to be served by Project/Program:

Signature _____