

**Community Service Application
(please complete, save and email to** canopy1@hotmail.com**,**

**or print and mail to Rotary Club of Port Orford, P.O. Box 1284, Port Orford, OR 97465)**

**Date:**

**Applicant and Organization:**

**Address:** **City:** **State/ZIP:**

**Contact Person:** **Phone:** **Email:**

**SERVICE REQUESTED: (Provide a brief description)**

**PURPOSE OF REQUEST AND WHO WILL BENEFIT:**

**TIME FRAME REQUESTED:**

**FOLLOW-UP: Will the project require maintenance?** **[ ]  Yes** **[ ]  No
If yes, who will maintain it?**

**IN-KIND / PARTNERING:**

**ESTIMATED COSTS (if known):**

**(Rotary Club use only)**

**Rotary Area of focus:** **[ ]  Peace and conflict prevention/resolution****[ ]  Disease prevention and treatment**

**[ ] Water and sanitation**

**[ ] Maternal and child health**

**[ ] Basic education and literacy**

**[ ] Economic and community development**

**[ ] Community Service Chair Findings and recommendation:**

**Board Action:** **[ ]  Approved** **[ ]  Disapproved**

**Comments:**