

Building Our Community Program

Presented by the Rotary Club of Spencerport

Project Application Form

Applicant Name: _____

Name of Organization (if applicable): _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: () -

Email Address: _____

Requested Project:

Picnic Table Qty: _____

Bench Qty: _____

Raised Garden Bed Qty: _____

Potting Bench Qty: _____

Other Project (please describe):

How does this project meet the BOC program goals? (Refer to website for program goals. Please attach a separate piece of paper if you need more space) _____

Applicant Signature: _____ **Date:** / /

Please return form to: Spencerport Rotary Club, BOC Program, PO Box 274, Spencerport, NY 14559