

Warrick County Rotary
Grant Application

Name of Applicant Agency _____

Mailing Address _____

City _____ ST _____ ZIP _____

Telephone _____ FAX _____

E mail _____

Contact Person _____

Address & Telephone of Contact Person (if different from above)

Brief History of Organization _____

Description of Services Provided and Persons Served _____

Current Mission/Goals of Organization _____

Title of Project _____

Brief Description of Project _____

Total Project Cost _____ Specific Amount Requested _____

Date of Proposed Project _____

Is this a new or existing project? _____

What are your goals for this project? _____

How will you measure the results of grant usage? _____

What has already been committed from other sources and from whom?

How does this project relate to other similar services or agencies? What efforts will there be to coordinate services and avoid duplication of efforts? _____

How will Warrick County Rotary be recognized for this project? _____

Please list any Warrick County Rotary members involved in this project _____

Please mail this application to: Warrick County Rotary, P.O. Box 554, Newburgh, IN 47630

Applications are reviewed _____ with distributions _____