

CHILICOTHE ROTARY FOUNDATION

GRANT APPLICATION

NAME OF ORGANIZATION OR PERSON APPLYING FOR GRANT			DATE	
ADDRESS	CITY	STATE	ZIP	
EMAIL ADDRESS	WEBSITE (IF APPLICABLE)			
GRANT RECIPIENT (IF DIFFERENT)				
ADDRESS	CITY	STATE	ZIP	
CURRENT OFFICERS				
NAMES	POSITION HELD	ADDRESSES		
HAS THE ROTARY FOUNDATION MADE PREVIOUS GRANT(S) TO THIS ORGANIZATION?				
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: _____ AND \$ _____				
(MOST RECENT YEAR)		(MOST RECENT AMOUNT)		
IRS TAX EXEMPT STATUS		PLEASE ENCLOSE:		
501(C) (3) <input type="checkbox"/> GRANTED <input type="checkbox"/> APPLIED FOR		TAX EXEMPT STATUS DOCUMENTATION		

AMOUNT REQUESTED _____ PROJECT BUDGET _____

Have funds been requested from other sources: YES NO

Can the project be sustained: YES NO If Yes, explain how and what will be the future source of funding? _____

What is the project and what are its objectives?

Where and by whom will the project be carried out? _____

How will the project be carried out? _____

What distinguishes this project from others in the same general field? _____

(Please add or attach any additional information you care to submit)

THE FOLLOWING TO BE COMPLETED BY ROTARY FOUNDATION

DISPOSITION OF REQUEST

Reviewed on this _____ day of _____, _____

Recommendation: _____ Approve _____ Not Approved

Amount requested _____ Amount granted _____

Reviewed By

_____	_____
_____	_____
_____	_____