



The Rotary Club of Dr. Phillips Foundation, Inc.

Grant Application

The Rotary Club of Dr. Phillips Foundation, Inc., sharing the purpose of Rotary International, enables Rotarians and other members of the Central Florida Community to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty by supporting and providing grants, focusing on various organizations within the Dr. Phillips Community.

The Corporation is organized and operates exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended or the corresponding provisions of any future tax law.

Grant Criteria:

- ❖ Requesting organization must provide services that directly or indirectly benefit the Dr. Phillips Community of Southwest Orlando.
- ❖ The organization does not need to have a facility within the Dr. Phillips Community.
- ❖ Beneficiary must provide a specific funding request (equipment, construction, capital improvement, service project, training, etc).
- ❖ Beneficiary must be a tax-exempt organization as defined in section 501(c) of the United States Internal Revenue Service code.
- ❖ For some requests, the Rotary Club of Dr. Phillips reserves the right to ask an organization making this request to provide the nature of their resources of funding.
- ❖ The Rotary Club of Dr. Phillips reserves the right to designate the use of funds.
- ❖ All requests must be in writing.
- ❖ Beneficiary must give public credit to the Rotary Club of Dr. Phillips.
- ❖ Applicant should explore, and then apply for if available, matching funds from other organizations.
- ❖ If applicable, the organization benefitted will be encouraged – and in some cases may be required – to provide some form of participation to assist the Rotary Club of Dr. Phillips in club fundraising or volunteer efforts.
- ❖ The benefitting organization may be asked to attend a Rotary Club of Dr. Phillips breakfast meeting to accept the donation and to report back at a later breakfast to highlight the successful use of the funds.

- ❖ Requests in excess of \$1,000.00, may require a more formal proposal than that provided for with this application form.

Please only submit a request below if you meet the above requirements.

Fill out the following completely and we will contact you if approved.

Attn: Rotary Club of Dr. Phillips Foundation

NAME OF ORGANIZATION		
DATE OF REQUEST		
CONTACT PERSON	TITLE	
ADDRESS		
CITY	STATE	ZIPCODE
EMAIL		
CONTACT'S PHONE		
WEBSITE (IF AVAILABLE)		
DETAILED DESCRIPTION OF ORGANIZATION'S SERVICES		

DESCRIPTION OF REQUEST	
BENEFIT TO THE DR. PHILLIPS COMMUNITY	
AMOUNT OF REQUEST	
ADDITIONAL COMMENTS	

**Please fully complete this request, scan and email to:
foundation@drphillipsrotary.org.**