



The Cary Rotary Charitable Foundation Inc.  
P.O. Box 111  
Cary, NC 27512

## **Grant Proposal Form**

Request to: Cary Rotary Charitable Foundation  
Date of application:

**Organization Name:**

Address:

City, State, Zip:

Website:

President/Exec Director:

Phone/Email:

Contact Person:

Phone/Email:

**Organization Information**

501(c)(3)?: \_\_\_yes \_\_\_no FIN#:

Year Established \_\_\_\_

Total Organization Budget: \_\_\_\_\_

Total # Board Members: \_\_\_\_\_ Total # Staff FTE

Total # Volunteers \_\_\_\_

Organization Mission Statement (50 words or less):

Mission:

Brief Description of Organization (75 words or less):



**Proposal Request:**

Total Program Budget:

Requested Amount (must be >\$500): \_\_\_\_\_

Type of Request: Grant Period: July 1, 2024 - June 30, 2025

Geographic Area Served:

Most recent grants from CRCF:

I hereby verify that the information provided is accurate and honest to the best of my knowledge.

\_\_\_\_\_  
Authorizing signature(Board President or Exec Director)

Date: