

The Cary Rotary Charitable Foundation Inc.

P.O. Box 111

Cary, NC 27512

**Contribution Proposal Form**

Request to: Cary Rotary Charitable Foundation

Date of application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization Name:**

Address:

City, State, Zip:

Website:

President/Executive Director:

Phone/Email:

Contact Person:

Phone/Email:

**Organization Information**

Is your organization a 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, 2023-June 30, 2024

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 Executive Director)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_