Rotary Club of Morehead City – Noon Community Grant Application

To Potential Grantee,

Your organization has been recommended by a member of the Rotary Club of Morehead City – Noon as a potential recipient of a grant.

If you need assistance with the application, please contact our Service Project Chair, Tom Hussmann, at 156 Albemarle Dr., Newport, NC 28570 or cell phone: 252-422-4281.

The completed application may be mailed to Rotary Club of Morehead City – Noon, PO Box 1975, Morehead City, NC 28557 or given to Tom Hussmann.

Organization Name:

Contact Person Name/Address:

Contact Phone/email:

Organization Mailing Address:

Organization Phone/email:

Organization Website:

Is your organization a 501C? \_\_\_\_\_ yes \_\_\_\_\_no

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PROJECT INFORMATION

Project Title:

Amount Requested from the Rotary Club:

Project start/end dates:

Project Description – Summarize the proposed project. Please indicate the target group, what will happen, when and where it will occur. If this is a capital expenditure, describe how equipment will be used. (You may attach an additional description on a separate sheet of paper but summarize here.)

If this is a capital expenditure, how will upkeep and replacement parts be funded?

Has this organization ever applied for funds from the Rotary Club of Morehead City- Noon before? If so, please indicate the amount of funds received and for what purpose those funds were used.

How would partial funding impact this project/program?

How many people will be served by this project?

Describe how the project’s success will be evaluated.

How will support by the Rotary Club of Morehead City – Noon be acknowledged?

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PROJECT FINANCIAL INFORMATION (you may attach worksheet if desired)

Total Project Costs:

Summarize Income Sources:

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

Itemized Expenses:

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

D \_\_\_\_\_

Check should be made out to:

Check should be sent to (mailing address):

Authorized Signature: The signature below is that of an authorized person who can testify to the accuracy of the application and the person who agrees to acknowledge the Rotary Club of Morehead City – Noon and that all unused funds will be returned to the Club.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotary use only:

Date submitted: Member submitting (if applicable):

Date considered: Date approved:

Amount approved: Date payment sent:

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