



**THE ROTARY CLUB OF ORANGE FOUNDATION, INC.**

PO Box 894  
Orange, CT 06477-0894

**\* Request for Community Service Funding \***

Grant requested by:

Date:

Amount requested: \$

Date funds are needed:

Name of the requesting organization

Contact:

Title:

Phone:

Is this organization a 501(c)(3):

**If NOT**, explain below how the grant proceeds will be used for charitable 501(c)(3) purposes.

Describe the Program, Event, Activities, or Organization(s) for which the Grant is requested (attach additional pages/documents as appropriate):

Describe how these funds will benefit the organization and/or the community:

How will the Rotary Club of Orange be represented and promoted as a supporter of your organization?

As the requestor of the funds, describe how you are involved

Please indicate if any Rotarian is involved in your organization and supports this particular project.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Person completing Grant Application

For Club Use Only

Amount authorized \$ \_\_\_\_\_ Payment authorized date \_\_\_\_\_

Approved by Community Service Committee Chair:

Signed \_\_\_\_\_ Date \_\_\_\_\_

Approved by Board of Directors: (President's signature)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Date Paid \_\_\_\_\_ Treasurer's signature \_\_\_\_\_

Attach any comment continuations and related documents to this request