



## GRANT APPLICATION FORM

Date of Application: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Money Needed By: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Sponsoring Rotarian: \_\_\_\_\_

Is the organization recognized by the IRS as a 501(c)(3)? Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide IRS entity type: \_\_\_\_\_

Please describe the program for which funds are requested, including total estimated cost and how the organization will meet that cost; involvement by the organization itself and its volunteers, etc. Feel free to attach any information to help us better understand your program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See attached for more information about the Newport Rotary and the Grant Application process.

Applicant's signature: \_\_\_\_\_