

Rotary Club of Warwick Grant Application

Date of application

Name of Organization

Legal name, if different

Address

City

State

Zip

Employer Identification Number (EIN)

Phone

Fax

Website

Name of president/ceo/executive director

Title

Phone

E-mail

Name of person completing this application

Name of person to contact regarding this application

Title

Phone

E-mail

Is your organization an IRS 501(c)(3)? Yes No

Date of Approval _____

If no, is your organization a public agency/unit of government? Yes No

Population served:

Geographic area served:

Dollar amount requested: \$ _____

If request exceeds \$3,000 the budget form must also be completed.

Total annual organization budget: \$ _____

Total project budget: \$ _____

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I affirm that I am an authorized representative of the company/organization and have the authority to sign this application and submit this grant request. I certify that we meet the eligibility criteria and agree to abide by the requirements and timeline of the grant.

Name of authorized representative

Title

Signature _____

Rotary Club of Warwick Use Only

Date Submitted

Committee Review Date

Board Review Date

Date Decision Made

Amount Approved

Date Check Sent

Approve

Reject

Approve

Reject