

# Rotary Club of Warwick Grant Application

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

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

\_\_\_\_\_  
Legal name, if different

\_\_\_\_\_  
Name of person completing this application

\_\_\_\_\_  
Name of person to contact regarding this application

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employer Identification Number (EIN)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Website

\_\_\_\_\_  
Name of president/ceo/executive director

\_\_\_\_\_  
Title

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

Date of Approval \_\_\_\_\_

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 \_\_\_\_\_