

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 _____

Committee Verified: Still Active

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 _____