## Rotary Club of Warwick Grant Application

Date of application			
Name of Organization		Legal name, if different	—
Name of person completing this applicat	ion		
Name of person to contact regarding this application		Title	—
Phone	<u> </u>	E-mail	
Address			
City	State	Zip	
Employer Identification Number (EIN)			
Phone	Fax		
Website			
Name of president/ceo/executive director	or	Title	
Is your organization an IRS 501(c)(3)? Y	res No No	Date of Approval Committee Verified: Still Active	
Dollar amount requested: \$	<u>m</u> must also be com	mpleted.	
Total annual organization budget: \$ _		<u> </u>	
Total project budget: \$			

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Tell us about your organization (300 words or less)		
How would your grant benefit the Warwick community and/or its residents? Please provide a narrative summary of why you are requesting funding. It should include the timeline of the project, how intended outcomes will be measured, items you intend to purchase, and what, if anything else, the money will be spent on.		

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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			