Applicant’s Organization Name:

Organization Street Address:

City, State, Zip Code:

Website:

Contact Person & Title:

Ph. # Email Address:

Current FY Operating Budget:

Project Budget:

Requested Amount:

Project Title:

Start Date: Completion Date (if applicable):

Will this project be able to continue if not fully funded? ❑ Yes ❑ No

Has this Organization received previous funding from the Rotary Club of Lockport? ❑ Yes ❑ No

If Yes, Date(s) of Prior Funding:

**BRIEFLY SUMMARIZE THE ORGANIZATION’S MISSION AND PURPOSE:**

**PLEASE DESCRIBE THE PROJECT:**

**PLEASE DESCRIBE BOTH THE NEED AND THE PLANNED IMPACT IN THE LOCKPORT COMMUNITY:**

**IS THERE AN OPPORTUNITY FOR ROTARIANS TO VOLUNTEER OR BE INVOLVED IN THE PROJECT:**

❑ Yes ❑ No (IF YES, BRIEFLY EXPLAIN HOW BELOW)

**ADDITIONAL FUNDING FOR THIS PROJECT:**

|  |  |  |  |
| --- | --- | --- | --- |
| FUNDING SOURCE | AMT. APPLIED FOR | AMT. PLEDGED | AMT. RECEIVED |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PLEASE INCLUDE THE FOLLOWING ATTACHMENTS WITH THIS APPLICATION:**

* The current or proposed annual operating budget for the organization.
* A current Profit & Loss and/or Balance Sheet if available.
* A copy of the 501 (c)(3) determination letter must be included with this application. If the applicant is not required to have obtained a 501 (c)(3) letter, please include a copy of an IRS letter or a legal opinion certifying that the applicant is a public charity as described in section 509(a) (1), (2), or (3).
* A list of Board officers and directors and relevant affiliations.
* A complete budget for the proposed project.
* A proposed project timeline.

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Organization CEO

**Please send signed application and all relevant documentation to:**

 **Rotary Club of Lockport**

 **PO Box 1199**

 **Lockport, NY 14095**