



**DRYDEN ROTARY CHARITY FOUNDATION (DRCF)
GRANT APPLICATION**

About your Organization			
Name:			
Mailing address:		City:	
Postal code:	Phone:	Fax:	
Charitable registration #:		Date of incorporation:	
BN # (if not incorporated):		Organization annual budget: \$	
# of Employees:	Full-time:	Part-time:	Volunteers:
Contact person for application:		Position:	
Phone:		Email:	

About your Grant Application			
Title:			
Sector(s):			
___ Arts	___ Education / Learning	___ Alleviate Poverty	___ Environmental / Conservation
___ Culture	___ Recreation / Leisure	___ Health / Wellness	___ Other
Target Population:	Gender:	Female _____ %	Male _____ %
	Age Group: <i>(Check all that apply)</i>	___ 10 & under	___ 11 – 18 ___ 19 – 64 ___ 65 & older
How many people will benefit from this initiative?			
Total cost: \$		Amount requested from DRCF: \$	
Are funds from any other source confirmed?		Yes	No If yes, how much? \$
How will the grant be used? <i>(Check all that apply)</i>			
___ Purchase of equipment	___ Travel	___ Marketing	___ Programming ___ Other
Explain:			
<i>(Please feel free to include supporting documents describing/detailing the project and your organization)</i>			
Start date of initiative:		Date grant needed:	

Authorization <small><i>(To be signed by two officers of organization's Board of Directors verifying that the information provided above is correct)</i></small>			
X _____	_____	_____	_____
Signature	Print Name	Position	Date
X _____	_____	_____	_____
Signature	Print Name	Position	Date