



# ELY ROTARY CLUB DONATION APPLICATION

Date: \_\_\_\_\_

## Applicant Information:

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

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is your organization's IRS non-profit determination? \_\_\_\_\_

How many paid employees does this organization have? \_\_\_\_\_

## Project Information:

1. Project Name: \_\_\_\_\_

2. Donation Amount Requested: \_\_\_\_\_

3. Briefly describe your project and the specific purpose for which funds are being requested: please attach a separate page if necessary

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the specific community benefit or outcome that will result from this donation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Approximately how many people will benefit from this donation?

\_\_\_\_\_

6. What are the anticipated beginning and ending dates of this project?

\_\_\_\_\_

7. When is the donation needed? \_\_\_\_\_

8. List the names of any Ely Rotary members involved in this project or organization: \_\_\_\_\_

\_\_\_\_\_

9. How will the Ely Rotary Club donation be acknowledged or promoted by your organization? \_\_\_\_\_

Applicant Certification:

By signing below, we agree to the following:

- All information contained in this application is, to the best of our knowledge, true and accurate
- Ely Rotary Club may use information contained in this request to promote donation by various means in local newspapers, district newsletter, website, The Rotarian Magazine, etc. Photos can also be released to the media.
- Involved parties agree to share information on best practices when asked. Ely Rotary Club may provide contact information to other Rotarians who may wish advice on implementing similar donations.
- To the best of my knowledge and belief, except as disclosed herewith, neither I, nor any person with whom I have or had a personal or business relationship, is engaged or intends to engage, in benefitting from Ely Rotary Club donation funds.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return application to:  
Ely Rotary Club  
PO Box 222  
Ely, MN 55731

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Please do not write below this line. For Rotary Club use only.

Ely Rotary Club Board Approval: Yes \_\_\_\_ No \_\_\_\_

If "Yes", Donation Amount: \$ \_\_\_\_\_

If "No", Reason why: \_\_\_\_\_

Club President Signature: \_\_\_\_\_ Date: \_\_\_\_\_