PWR Grant Review Committee

**GRANT APPLICATION**

Rotarian Sponsor’s Name (if applicable):

Date: Amount of Request $:

Organization Information

Name of Organization:

Payee (if different):

Tax Exemption Number:

Address:

Phone: Fax:

Contact Person

Name & Title of Contact Person:

Day Phone: Evening Phone:

Fax: Email:

Grant Request Information

1. Describe (briefly 100 words/less) the purpose and activities of your program/organization. (Mission Statement):

2. State the Services, Program, or specific Purposes for the requested funds.

3. Please check one of the following:

[ ]  a) This is a new program or service

[ ]  b) This is the expansion of an existing program

4. Fully describe the impact this funding will have, including numbers of children/families this funding will benefit.

5. What other funding sources & requested amounts are you seeking for this purpose?

6. How will you continue the programs/activities and/or services after this funding?

7. Please provide an exact breakdown (budget) on how the requested funds will be used.

8. Will the grant from Point West Rotary be publicly recognized? [ ]  Yes [ ]  No. If yes, please describe.

Indicate below the time frame for funding to launch intended purpose.  (For example, if you are requesting a grant for a field trip, what is the deadline for receiving the funds?  Say in September you request funding for a field trip or equipment purchase but the deposit for the fieldtrip isn’t due until October or the equipment won’t be purchased until after the following March, let us know).