



“Service Above Self”

Rotary Club of Wakefield
PO Box 382
Wakefield, RI 02880

CHARITABLE DONATION GRANT APPLICATION

Criteria:

1. The donation should benefit a South Kingstown or Narragansett, Rhode Island, non-profit organization; town resident(s); or special community need.
2. The request should address basic needs such as food, clothing, shelter, or medical care of which there is no reimbursement.
3. The request can address an issue of education or a type of skills training if there is no other source of monetary support; or a group will miss out on a significant opportunity after exhausting all other possible sources of monetary support.
4. The request addresses a public health or safety issue.
5. The request confirms that the issue or need will be adequately fulfilled by the donation or the request describes how the donation, along with other means of support, will adequately address the issue or need.
6. The donation cannot be for administrative or operational costs unless it means the loss of a beneficial program which is supported by the criteria listed on this application and Rotary Club of Wakefield has supported the program in the past.

Using above criteria, answer the questions as specific as possible. Please provide dollar amounts, if possible, when explaining costs, fees, etc. related to the request. Specify what the donated funds will acquire. If more space is needed, please add information under the question number on another page.

1. Applicant name & contact info:

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2. Specify the dollar amount of the donation requested and provide the details of how this amount was determined. Providing a budget chart, table, or spreadsheet may be helpful but not necessary.

2. What community, demographic and geographic, does your organization benefit OR where does this applicant reside?

3. What basic need will this donation support?

4. Have you applied to any other organizations or sources of support for this request? If so, please list.

5. Have you received any support from the previously listed organizations? If so, what or how much?

6. Does this request address the need for shelter (temporary or long-term), food, clothing, or medical care? If so, what is the need?

7. Would this donation support an educational/training issue or a group from missing a significant event or opportunity? If so, how?

8. How will this donation address a public health or safety issue?

9. Will this donation be supporting any administrative or operational costs? If yes, how?

10. Has Wakefield Rotary Club supported your organization in the past? If yes, how?

Signed: _____

Date: _____