

**Galveston Rotary Foundation, Inc. - Application Form**

**REQUIRED FOR CONSIDERATION: One copy of this completed application form; one copy of your tax-exempt determination letter from the IRS (if exempt); and one copy of the signed Assurance Statement form must be mailed to Galveston Rotary Foundation, P.O. Box 810, Galveston, TX 77553 or emailed to** **budelmann5910@comcast.net**

**NOTE:** Completion of this summary information is required for committee consideration.

Applications may be submitted at any time during the year but must be postmarked / emailed

by March 15th for consideration in April and by September 15th for consideration in October.

**Only one application will be accepted per agency per year.**

DATE:

**COMMUNITY GRANT APPLICATION**

**Insert your answers in the space provided after each question. (NOTE: Gray box will expand as you type your answers.)**

1. **Organization contact information**:

Contact Person’s Name:

Organization Name:

Address (street, city, state, zip):

Telephone Number:

E-Mail:

1. **List the total dollar amount your organization is requesting**. (A detailed budget showing the breakdown of dollar amounts **for this requested amount** (not your entire annual budget) must also be attached to your application form. Note that any expenses incurred before Rotary Club of Galveston Foundation application deadline are not eligible for reimbursement or payment.):

1. **Describe in detail the specific purpose for the requested funding your organization is seeking**:

1. **Indicate the number of individuals your proposed grant would serve**:
2. **Does your organization have other funding sources for the proposed project/program you are requesting**? If yes, list the funding sources and dollar amounts:

1. **Will Rotary support be acknowledged?**

If so, how?

**Grants Program**

**Assurance Statement**

To be considered for funding by the Rotary Club of Galveston Foundation, Inc., an organization must complete our application form and return it along with this signed assurance statement and a copy of the organization’s 501(c)(3) *or equivalent* determination letter from the Internal Revenue Service.

On behalf of the requesting organization, I hereby certify that the requested grant will be used for the purpose stated on the application form and will not be used in any program that otherwise discriminates based on race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age, or any other basis prohibited by applicable law.

Complete if appropriate: If the program for which you are seeking funding targets a specific population (for example, youth, elderly, specific gender, etc.), please indicate what segments the program would serve:

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Signature of Authorized Official Date

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Print Name Title

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Name of Requesting Organization