Blairstown Rotary Club Grant & Sponsorship Application

ROTARD

Please read our Grant Guidelines for instructions on how to properly complete this form.

This application should be completed electronically.

Organization Information

Organization Name:	
Address:	
City, State, Zip:	
Contact Person:	
Contact E-mail:	
Contact Phone:	
Organization Website:	
CEO/Administrative Officer:	
Trustee/Director President:	
Is your organization tax exempt? 🗌 Yes 🗌 No	
Enter your IRS Exempt Organization Type:	[Example 501(c)(3)]
Enter your IRS Tax ID:	
Request Information	
Request Type (check one) 🗌 Grant 🗌 Sponsorship 🗌	Assistance
Amount Requested: \$ Date Required:	
Project Start Date: Project End Date: _	
Organization's Annual Budget: \$	

Project Total Budget: \$_____

Request Details

Please answer the following questions completely. You may use additional space and attachments if necessary.

1. Describe your organization's mission and purpose.

2. Describe how the funds you are requesting will be used. Include information on the benefit to the community, geographic area covered, and the number of people impacted.

3. Describe how you will promote your organization and project to the community.

4. Describe any potential joint projects or volunteer opportunities available with Blairstown Rotary and/or the Rotary Interact Club at North Warren Regional High School.

Terms & Signature

I hereby certify that all information furnished on or attached to this application is true and correct, that the organization's tax exempt status as described above has not been revoked or modified, that the proposed project has been approved by the organization's Board of Directors/Trustees and that I am authorized to execute this application on behalf of the organization.

I understand that Blairstown Rotary may publicly disclose this grant, sponsorship or assistance and that photos and information regarding the support and project may be posted on the Blairstown Rotary website and/or social media outlets.

I agree that all funds approved and received by this organization will be used for the specific purpose stated and within the time period described, or the funds will be returned to Blairstown Rotary.

Signature:	Date:
Print Name:	
Organization:	
Title/Position:	

Return completed application to:

Blairstown Rotary Grant Application PO Box 747, Blairstown NJ 07825

Or Email to: officers@blairstownrotary.org