



Blairstown Rotary Club

Grant & Sponsorship Application

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: _____ Title: _____

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: \$ _____

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attached to this application is true and correct, that the organization’s tax exempt status as described above has not been revoked or modified, that the proposed project has been approved by the organization’s Board of Directors/Trustees and that I am authorized to execute this application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