Grant Application



| Application Demographics | | | | | | |
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| Applicant/Organization: | | | | | | |
| Project Name: | | | | | | |
| State Date: | | | | | | |
| Expected Completion Date: | | | | | | |
| Organization Type: ☐ Government ☐ School ☐ Not-for-profit ☐ Other: | | | | | | |
| Is your organization a 501(c)3 public charity? ☐ Yes ☐ No | | | | | | |
| Primary Contact name: | | | | | | |
| Primary Contact position/title: | | | | | | |
| Primary Contact email: | | | | | | |
| Primary Contact phone: | | | | | | |
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| Application Questions | | | | | | |
| 1. Briefly describe the project, its location, and objectives: | | | | | | |
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| 2. | List the names and club affiliations of any Rotarians involved in your project: | | | | |
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| 3. | Has anyone from your organization participated in any prior Rotary Club of The Skylands fundraising event? $\ \square$ Yes $\ \square$ No | | | | |
| 4. | . Have you/your organization ever received prior Rotary grant? Yes No If Yes, please describe the prior grant, award amount and outcome: | | | | |
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| 5. | Each Rotary grant must fall within one or more of six areas of focus. For more information about these areas of focus, please visit https://www.rotary.org/en/our-causes . Then, in the space below identify one or more areas of focus your project belongs. Be sure to explain why you choose each area of focus. | | | | |
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| 6. | Who will be physically involved in this project? Are they Rotarians? | | | | |
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| 7. | How will the general public know this a Rotary-sponsored project? Please provide specific details: | | | | |
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| Does your project involve any other cooperating organizations? If so, please provide the name, address and contact information and any pertinent communications for each other cooperating organization: | | | | | |
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| Project Budget Information | | | | | |
| Income Sources | Expe | Expenses Payable | | | |
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| Affirmation | | | | | |
| ☐ Under penalty of perjury, I certify that all the information in this Grant Application is true and accurate to the best of my knowledge and that I am duly authorized by the Applicant to execute this Grant Application. | | | | | |
| Signature: | | | Date Signed: | | |
| Name: | Title: | | | | |
| Internal Use | | | | | |
| Assigned Grant Application # | | Approved/Denied Date: | | | |
| Signature (President): | | | | | |
| Signature (Secretary): | | | | | |
| Signature (Treasurer): | | | | | |