

# Warwick Rotary Club Grant Application

Date of application: \_\_\_\_\_ Application submitted to: \_\_\_\_\_

## Organization Information

\_\_\_\_\_  
*Name of organization*

\_\_\_\_\_  
*Legal name, if different*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Employer Identification Number (EIN)*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*Web site*

\_\_\_\_\_  
*Name of top paid staff*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-mail*

\_\_\_\_\_  
*Name of contact person regarding this application*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-mail*

Is your organization an IRS 501(c)(3) not-for-profit? \_\_\_\_\_

Yes

No

If no, is your organization a public agency/unit of government? \_\_\_\_\_

Yes

No

*Your Mission Statement:*

## Proposal Information

Please give a narrative summary of request (include how intended outcome will be measured):

## Warwick Rotary Club Grant Application

### Proposal Information Continued

Population served: \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Funds are being requested for (check one)

_____	General operating support	_____	Start-up costs	_____	Capital
_____	Project/program support	_____	Technical assistance	_____	Other (list) _____

Project dates (if applicable): \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

### Budget

*If request exceeds \$2,000, please complete page 3.*

Dollar amount requested: \_\_\_\_\_ \$

Total annual organization budget: \_\_\_\_\_ \$

Total project budget (for support other than general operating): \_\_\_\_\_ \$

### Authorization

Name and title of top paid staff or board chair: \_\_\_\_\_

**Signature** \_\_\_\_\_

### Warwick Rotary Use Only

Date Submitted: _____	Review Date: _____	Approve	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Member _____	Board _____	Reject	
Sponsor: _____	Review Date: _____	Approve	
Date Approved: _____	Amount _____	Reject	
	Approved: _____	Date Check Sent: _____	

# Warwick Rotary Club Grant Application

## Organization Financial Statement

Please complete for last fiscal year and current budget year.

### INCOME

<u>Source</u>	<u>Last Year Amount</u>	<u>Current Year Amount</u>
<i>Support</i>		
Government grants	\$	\$
Foundations	\$	\$
Corporations	\$	\$
United Way or other federated campaigns	\$	\$
Individual contributions	\$	\$
Fundraising events and products	\$	\$
Membership income	\$	\$
In-kind support	\$	\$
Investment income	\$	\$
<i>Revenue</i>		
Government contracts	\$	\$
Earned income	\$	\$
Other (specify)	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

### EXPENSES

<u>Item</u>	<u>Last Year Amount</u>	<u>Current Year Amount</u>
Salaries and wages	\$	\$
Insurance, benefits and other related taxes	\$	\$
Consultants and professional fees	\$	\$
Travel	\$	\$
Equipment	\$	\$
Supplies	\$	\$
Printing and copying	\$	\$
Telephone and fax	\$	\$
Postage and delivery	\$	\$
Rent and utilities	\$	\$
In-kind expenses	\$	\$
Depreciation	\$	\$
Other (specify)	\$	\$
	\$	\$
	\$	\$
<b>Total Expense</b>	<b>\$</b>	<b>\$</b>
<b>Difference (Income less Expense)</b>	<b>\$</b>	<b>\$</b>