



## Charitable Community Grant Application

PLEASE READ THE CLUB'S COMMUNITY GRANT PROGRAM PURPOSE & PROCEDURES DOCUMENT BEFORE COMPLETING THIS APPLICATION. It contains a detailed description about what we fund, budget guidelines and other important information.

All applications must be signed by an authorized representative of the requesting organization. Grant applications and supporting documents must be submitted via email to [tbabcock@uri.edu](mailto:tbabcock@uri.edu) or by mail to Rotary Club of Chariho, PO Box 543, Hope Valley, RI 02832.

Spring Cycle - Application due by **April 15<sup>th</sup>**. Announcement of grants awarded will be in May. Recipient organizations will be invited to a Tuesday evening Rotary meeting in June for Awards Program.

Fall Cycle - Application due by **October 15<sup>th</sup>**. Announcement of grants awarded will be November. Recipient organizations will be invited to a Tuesday evening Rotary meeting in December for Awards Program.

Date of Application: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Telephone: \_\_\_\_\_

Is your organization a 501(c)(3) tax-exempt organization? Yes \_\_\_ No \_\_\_

If no, please explain

\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

*Please answer the following questions completely. You may use additional space if necessary; however, brevity will be appreciated.*

1. Use of funds: Please describe your grant, its purpose, and how it will impact the Chariho and Exeter communities.
2. Briefly describe your organization's purpose and mission. Please emphasize recent achievements.
3. Please list principle sources of other funding. Will your organization be able to make the program happen in a timely way without this funding or with partial funding support? Can your organization sustain the program once funded?
4. How will your organization recognize and promote the Rotary Club of Chariho name or logo as part of your program/activity, if selected as a grant recipient? Some examples may include social media, local news media coverage and /or inclusion in signage, program, banner, etc.
5. What volunteer opportunities are available through and with your organization for Chariho Rotarians and the Chariho High School Interact Club?

I am an authorized representative of the applicant organization and agree to use the funds for the specific purpose stated in this application. I further agree that if this application is approved, The Rotary Club of Chariho may publicly disclose that my organization is a recipient.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Rotary Club of Chariho  
Community Giving Committee Compliance Report Form

Organization: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Amount of Grant: \$ \_\_\_\_\_

1. Purpose for requested funds:

2. Attach copies of receipts and/or photos of equipment /or if an event, proof that it took place.

3. Have you expended all of the grant funds? If not, how much is remaining and when will it be spent?

If an Organization received a grant during the prior 12 months, this Compliance Report Form must be completed and received by the Rotary Club of Chariho with application. Organizations not submitting a completed form will NOT be eligible to receive a grant in the current year.

Mail the completed form to:

Rotary Club of Chariho, c/o Community Giving Committee, P.O. Box 543, Hope Valley, RI 02832

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_