



MASSILLON ROTARY FOUNDATION

P.O. BOX 1476
MASSILLON, OHIO 44648
www.massillonrotary.org

GRANT APPLICATION

1. Date _____

Name of Organization _____

Tax ID Number _____ *Include a copy of your "Determination of 501(c)3 Status Letter"*

Address _____

City / State / Zip _____

Contact Person _____ Title _____

Phone Number _____ Fax Number _____

Email _____ Web Site _____

2. **Primary mission of your organization:** _____

3. **Short summary of your project:** (you may also send brochures, pamphlets, etc.) _____

4. Describe how the project or service will benefit the community: _____

5. If the project involves a cooperating organization, please provide the name of the organization:

6. How much money is requested from the Massillon Rotary Foundation? _____

When do you need it? _____

7. What is the total project budget? _____

8. Items to be purchased (if applicable):

Item	Name of supplier	Cost

9. Please include the following items: Determination of 501(c)3 Status Letter
Budget for this project
Annual budget for your organization

For requests over \$5,000, also include a copy of your tax form 990.

If there is no 990, please provide a list of your board of directors.

Mail this form and all supplemental materials to the address listed at the top of the first page. Thank you.

