



MASSILLON ROTARY CLUB

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

MASSILLON ROTARY GRANT APPLICATION

1.

Name of Organization _____

Tax ID Number _____

Please include a copy of your "Determination of 501(c)3 Status Letter"

Address _____

City / State / Zip _____

Executive Director _____

Phone Number _____ Fax Number _____

Email Address _____ Web Site _____

Contact Person _____ Title _____

2 **Primary mission of your organization.**

3 **Describe the project or service.** (Please provide pamphlets, brochures, annual reports, etc. with your project or program highlighted and summarized below.)

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 Club and when needed?

7 What is the total project budget?

8 Items to be purchased.

Item to be purchased

Name of supplier

Cost

Item to be purchased	Name of supplier	Cost

Date reviewed by Advisory Board _____

Recommended action _____ (**Approved, Denied, Other**)

Amount approved _____