



Rotary Club of Woonsocket

*Serving
Burrillville, North Smithfield & Woonsocket, Rhode Island*

DONATION REQUEST APPLICATION INSTRUCTIONS

Introduction

The Rotary Club of Woonsocket is dedicated to serving the communities of Burrillville, North Smithfield and Woonsocket, Rhode Island. All *Donation Request Applications* will be considered based on how the charitable donations will benefit the communities served by the Rotary Club of Woonsocket. Please review the following information to ensure that your application is completed properly.

Procedural Steps

1. A *Donation Request Application* and a *Project/Event Summary* shall be completed and submitted by a person within the requesting organization/group authorized and responsible for the donation request;
2. Completed *Donation Request Applications* must be submitted, in writing, to the Rotary Club of Woonsocket by mail or email;
3. All completed *Donation Request Applications* will be submitted to the Rotary Club of Woonsocket's, Board of Directors, for review and consideration (Board meets monthly);
4. The Board of Directors will review, discuss, and vote on whether or not to approve the donation request.
5. If approved, an award letter and charitable donation check will be sent to the organization/group who requested the donation.
6. Within (1) one year, of charitable donation approval, the organization/group shall submit a letter to the Rotary Club of Woonsocket, summarizing of how the funds were used within the community.

Donations

1. *Donation Request Applications* must be sponsored by a member of the Rotary Club of Woonsocket;
2. Charitable donations must be used for projects/events that benefit the communities served by the Rotary Club of Woonsocket (Burrillville, North Smithfield and Woonsocket, RI), with some exceptions;
3. Charitable donations must only be used for the project/events defined in the *Donation Request Application* and a *Project/Event Summary*.
4. All *Donation Request Applications* must be in line with the principals and values of Rotary International and The Rotary Club of Woonsocket.
5. Donation Request Applications will not be considered for political organizations, national parent organizations, for-profit companies or individuals, with some exceptions.
6. All Donation Request Applications will be considered based on how the charitable donations will benefit the communities served by the Rotary Club of Woonsocket
7. ***The Rotary Club of Woonsocket reserves the right to refuse/deny any Donation Request Application.***

Project/Event Summary:

1. Date of project/event;
2. Duration of project/event;
3. The specific purpose of the request;
4. Communities to be served by project/event;
5. Number of people to be served by project/event;
6. Total cost for project/event;
7. How charitable donation will be used for project/event;
8. Other funding sources for project/event;
9. Has the organization/group received funding from the Rotary Club of Woonsocket in the past; for this project/event; for other projects/events;
10. Will this project/event help advance the goals of the Rotary Club of Woonsocket in providing assistance to the communities of Burrillville, North Smithfield and/or Woonsocket.
11. Background of the organization/group's contributions to the community.

P.O. Box 154, Woonsocket, Rhode Island 02895-0780

www.woonsocketrotary.com

"Service Above Self"



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DONATION REQUEST APPLICATION

Please select one:

General Donation Request

Emergency Donation Request

Requesting Group/Organization: _____
 Group/Organization Website: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Title/Position: _____
 Contact Phone: _____ Contact Email: _____
 Is the Organization/Group a tax exempt 501(c)3 non-profit?: Yes _____ No _____
 If approved; Make check payable to: _____

Project/Event: _____
 Project/Event Date: _____
 Project/Event Location: _____
 Area(s) Served by Project: _____
 Number of People Served by Project: _____
 Amount Requested: \$ _____ Total Project/Event Cost: \$ _____
 Project/Event Summary:

By signing below, I (we) affirm that the information being provided is true and accurate to the best of my (our) knowledge and is in compliance with my (our) organization's policies.

Group/Organization Representative

Date

FOR ROTARY USE ONLY

Date Request Received: _____ Received by: _____
 Date scheduled for review by Board of Directors: _____
 Approved: _____ Denied: _____ Amount Awarded: _____ Date: _____
 Date Mailed: _____ Picked up by: _____ Date: _____

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