Rotary Club of Los Gatos

Philanthropy Application Form
Due: February 28

DATE: __________________________

NAME OF CHAMPION: ________________________________

NAME OF PAYEE: ________________________________

TAX I.D. NUMBER: ________________________________

Is this a 501 (c) (3) Organization         Yes          No

LOCATION: LOCAL OR INTERNATIONAL? ________________________________

REQUESTED AMOUNT ______________________

PAYEE CONTACT PERSON: ________________________________

PAYEE CONTACT TELEPHONE: ________________________________

PAYEE CONTACT EMAIL: ________________________________

PAYEE MAILING ADDRESS: ________________________________

MEMO LINE ON CHECK, IF REQUIRED: ________________________________

IS THIS A CONTINUING RELATIONSHIP? IF SO, FOR HOW MANY YEARS?

HAS THERE BEEN MEASUREMENT AND REPORTING OF RESULTS BY PAYEE? ________________________________
Rotary Club of Los Gatos

WHY ARE FUNDS NEEDED AND WHO WILL BENEFIT?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

WILL ROTARIANS BE ACTIVELY INVOLVED WITH THIS PROJECT?
YES               NO

IF SO, HOW MANY ROTARIANS/HOURS ARE EXPECTED (estimate): --

________________________________________________________________________

WHY ARE YOU, THE CHAMPION, SUPPORTING THIS ORGANIZATION?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

IS THE RECIPIENT AWARE THAT A FINAL REPORT OF PROGRESS IS REQUIRED?  YES      NO

NOTE:  Resolution 6 States:  ...each payee is requested to submit a letter by the end of the calendar year describing how the funds were spent and the philanthropic benefits derived therefrom.

For processing the application by the President and Treasurer

COMMITTEE ASSIGNMENT:____________________________________________

APPLICATION REFERENCE NUMBER:___________________________________

APPROVED AMOUNT:_______________________________________________