

# The Rotary Club of New Braunfels Charitable Request

Please print and complete the following application using additional pages if necessary to fully answer the questions or to provide substantiating materials or documents. You submit your request online to [NBRCCCC@gmail.com](mailto:NBRCCCC@gmail.com) or mail your request to The Rotary Club of New Braunfels Charitable Contributions Committee, P.O. Box 310587, New Braunfels, TX 78131-0587. Please do not contact individual club members about your request or concerns.

Organization Name \_\_\_\_\_

Contact Persons Name \_\_\_\_\_ Phone number \_\_\_\_\_

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Mailing address \_\_\_\_\_ suite/unit \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip code \_\_\_\_\_

Submitted By (please print your name) \_\_\_\_\_

Title or function \_\_\_\_\_

1. Primary purpose of individual project or group organization: include length of service if applicable and the numbers of people served. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State the amount of funds being requested \$ \_\_\_\_\_

3. What is total fundraising goal for your portion, group, or team \$ \_\_\_\_\_

4. Please list other commitments/funds/ or sources of funds you have for this program

5. Will there be matching funds for this contribution? \_\_\_\_\_ How much \_\_\_\_\_

6. What is the region of intended service or expenditure?

\_\_\_\_\_  
\_\_\_\_\_

7. Does your Organization have a Board of Directors? Yes No

8. Is your organization a 501(c) 3 organization... IRS identified non-profit? Yes no

9. Describe the project, use of funds and possible impact \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Indicate how the Rotary Club will receive recognition from our support. \_\_\_\_\_  
\_\_\_\_\_

11. If this is a specific project please identify the project budget, how the funds will be applied and the evaluation of the completed project? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Is there a specific timeline for the delivery of the funds &/ or use? Yes No If so, date \_\_\_\_\_

13. Are there any items other than money that your organizations might need or require? Supplies, manpower, promotion, etc \_\_\_\_\_

14. If you have a copy of your official designation of 501(c) 3 please provide it and or any documentation or information that would be helpful in our deliberation. Please list attached documents \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Any additional comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Person Identified above in "Submitted by":

\_\_\_\_\_

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

Printed Name

**AVENUE OF SERVICE TRAVELER**

**Avenue of Service:** \_\_\_\_\_

**Comments from Avenue of Service Committee:**

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**Avenue of Service Recommended funding:** \_\_\_\_\_

**Avenue of Service Chair Approval Signature:**

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

**Printed Name**