

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. Submit your application on the webpage under "Submit Applications" 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:

Avenue of Service Recommended funding: _____

Avenue of Service Chair Approval Signature:

_____ **Date:** _____

Printed Name