



Colonial Park Rotary Club
Community Giving Application Form

PART I: Organization

Name _____
Address _____
City _____ State _____ ZIP _____
Telephone _____
FAX _____
Website _____
E-Mail _____
Primary Contact _____ Title _____
Other Contact _____ Title _____

PART II: Organization Data

Organization Purpose:

Geographic Area Served:

Year Founded _____
IRS Tax Determination Code _____
Employer Identification Number (E.I.N.) _____
PA Bureau of Charitable Organizations Registration # _____
Are you affiliated with a religious organization? _____
If Yes, which one:

PART III: Funding Request

Request Date _____

Have you received a grant from Colonial Park Rotary in the past? _____

Organization Overall Budget _____

Colonial Park Rotary Contribution Request:

A. General Operations/Administrative Request _____

-OR-

B. Project/Program Request _____

Describe Project/Program

How many people will be served?

Will priority be given to serving people in the Colonial Park area, if so how?

Return completed form to: Colonial Park Rotary
Attn: Community Giving Chairperson
P.O. Box 6522
Harrisburg, PA 17112