Rotary Club of Ogunquit

COMMUNITY GRANTS APPLICATION FORM

Legal name of organization: _____

Address: _____
City/State/Zip: _____

Authorized contact person: _____
Title: _____
Phone: _____
Email: _____

Purpose of organization: _____

_____

Year founded: _____

Total annual operating budget: _____
Primary source(s) of funds: _____

Tax exempt under IRS 501(c)(3): _____
If not, is application pending? _____
Federal Tax ID#: _____

Proposed use of grant funding: _____

Amount requested: _____
Total cost: _____

Numbers served by project: _____

Geographic area(s) served: _____

Project time period: _____

Sources of other funds to support project: _____

How did you learn about our Community Grants program: _____

Signature of Contact Person: _____
Signature of Board Representative: _____