

NEW JERSEY ROTARY CAPITAL DISTRICT FOUNDATION
APPLICATION FOR USE

DATE OF APPLICATION: _____

LEGAL NAME OF ORGANIZATION: _____

PROJECT NAME: _____

ORGANIZATION ADDRESS: _____

PROJECT LEADER: _____

CONTACT INFORMATION: _____

PURPOSE OF FUNDS: _____

APPROXIMATE LENGTH OF PROJECT: _____

START DATE: _____ END DATE: _____

PERSONS AUTHORIZED TO RELEASE FUNDS FROM NEW JERSEY CAPITAL DISTRICT
FOUNDATION:

1. _____

2. _____

PLEASE ATTACH A LETTER OF AUTHORIZATION FROM THE BOARD OF DIRECTORS OF
THE SPONSORING ORGANIZATION AUTHORIZING THE USE OF THE NEW JERSEY
CAPITAL DISTRICT FOUNDATION FOR THE STATED PURPOSE.

THE NAMES OF THE INDIVIDUALS AUTHORIZED TO DISBURSE THE FUNDS MUST BE
LISTED IN THE LETTER.

THE LETTER MUST BE SIGNED BY THE BOARD CHAIR

QUESTIONS? - PDG MICHAEL HART, FOUNDATION CHAIRMAN

Email - drmhart@yahoo.com - **Phone** - 908-654-7384 - **Fax** - 908-654-3890

Please mail checks to Treasurer Michael Townley, 165 Palmer Avenue, South Plainfield, NJ 07080-2223