

**Grant Form**

**ROTARY**

**CLUB OF APOPKA**



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

Request Recipient: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is Applicant a 501 C-3? \_\_\_\_\_ Exempt Number: \_\_\_\_\_

**(ATTACH A COPY OF EXEMPTION CERTIFICATE WITH THE GRANT REQUEST)**

Purpose of Grant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How much funding is needed to fulfill the project? \_\_\_\_\_

How many funds are already in place and or committed? \_\_\_\_\_

Project completion date: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

**THIS FORM MUST BE SIGNED BY AND SUBMITTED BY A ROTARIAN**

Rotarian Sponsor: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

**When and Where will the check be presented?** \_\_\_\_\_

\_\_\_\_\_