

Galveston Rotary Foundation, Inc.

REQUIRED FOR CONSIDERATION: TWO printed copies of this completed application form; one copy of your tax-exempt determination letter from the IRS; and one copy of the signed Assurance Statement form must be postmarked by March 15 or September 15 and mailed to the Rotary office. Faxes or e-mails will not be accepted. *NOTE: completion of this summary information is required for committee consideration.* Only one application form will be accepted per agency.

DATE:

20xx-xx COMMUNITY GRANT APPLICATION

Insert your answers in the space provided after each question.

1. **Organization contact information:**
Contact Person's Name:
Organization Name:
Address (street, city, state, zip):
Telephone Number:
E-Mail:
2. **List the total dollar amount your organization is requesting.** (A detailed budget showing the breakdown of dollar amounts **for this requested amount** (not your entire annual budget) must also be attached to your application form. Note that any expenses incurred before Rotary Club of Galveston Foundation application deadline are not eligible for reimbursement or payment.):
3. **Describe in detail the specific purpose for the requested funding your organization is seeking:**
4. **Indicate the number of individuals your proposed grant would serve:**
5. **Does your organization have other funding sources for the proposed project/program you are requesting?** If yes, list the funding sources and dollar amounts:
6. **Will Rotary support be acknowledged?**
If so, how?

20xx-20xx Grants Program

Assurance Statement

In order to be considered for funding by the Rotary Club of Galveston Foundation, Inc., an organization must complete our application form and return it along with this signed assurance statement and a copy of the organization's 501(c)(3) *or equivalent* determination letter from the Internal Revenue Service.

On behalf of the requesting organization, I hereby certify that the requested grant will be used for the purpose stated on the application form and will not be used in any program that otherwise discriminates on the basis of race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age, or any other basis prohibited by applicable law.

Complete if appropriate: If the program for which you are seeking funding targets a specific population (for example, youth, elderly, specific gender, etc.), please indicate what segments the program would serve:

Signature of Authorized Official

Date

Print Name

Title

Name of Requesting Organization