



FUNDING REQUEST APPLICATION

Please review the attached Charitable Contribution Policy to assure that your request meets the intent of the policy.

DATE: _____

Name of Organization: _____

Organization's IRS Tax Status (please attach copy of IRS determination letter): _____

Address: _____

City, State and Zip: _____

Contact Person: _____

Phone: _____ Email: _____

Signature: _____ Title: _____

Amount of Request: \$ _____ Date Funds Needed by: _____

Describe the project for which funding is being requested:

Indicate how the project meets the objectives of the Foundation's stated policy:

List the name(s) of the Rotary Club of Grand Rapids members involved with this project or organization:



Please attach the budget for this project.

Please indicate other budget information pertinent to this project that is not contained in the above:

How will you measure the success or results of the project?

What percent of your organizations annual budget is allocated for fundraising: \$ _____

Please attach the following items:

1. Income and Expense Statement for your organizations last completed fiscal year
2. Balance Sheet for your organizations last completed fiscal year

Reporting: If this project receives funding from the ROTARY CLUB OF GRAND RAPIDS CHARITIES FOUNDATION, you will be asked to submit a brief narrative report summarizing the project activities and outcomes after the project's conclusion or not later than six months from the allocation of the funds.

PLEASE NOTE:

Only those requests that have all of the requested information and attachments will be considered.

Applications and all required documentation should be mailed to:

**Rotary Club of Grand Rapids Charities Foundation
1345 Monroe Ave NW, Suite 307
Grand Rapids, MI 49505**