

GRANT APPLICATION

Name of Organization: _____

Description of Organization: _____

Address: _____

Telephone: _____ **Fax:** _____

Email address: _____ **Website:** _____

Name of Project to be Funded:

Date: _____

SUMMARY / ABSTRACT

Time Period of Project: _____

Amount Requested: _____ Total Project Budget: _____

Target Population: _____

List all other funding sources from which you have attempted to secure support (including the results of these requests): _____

Measurable project objectives: _____

Tax Exempt #: _____ Date in Affect: _____

Submitted by: _____
Signature of Organization's Director

Please print or type name of Director

APPLICATION REQUIREMENTS

- All requests must be received during the Rotary Year
- Grants are not to exceed \$1500.00
- Only requests from Springfield-based organizations will be considered
- Requests must be for capital items (i.e. equipment, books, etc) or for a one-time special event that will benefit the community (i.e. clean-up day, voter registration, etc.)
- If you have a any questions, please call the Rotary off ice at 413-733-5907 (phone & fax)
- A two-year period must elapse before another request from the same organization is considered. Example: If an organization receives a grant in the fall of 2008, the organization is not eligible for another grant until the fall of 2010 or later.

MAIL COMPLETED APPLICATION TO:

Rotary Club
Service Fund Committee Chair
P.O. Box 1033
Springfield, Ma. 01101