

WEST JACKSONVILLE ROTARY CLUB  
Application for Charity Grant

1. Name of Organization: \_\_\_\_\_  
501(c)(3) Tax I.D. No.: \_\_\_\_\_
2. Address, Phone Number and Contact Person:  
\_\_\_\_\_  
\_\_\_\_\_
3. Nature of Project (describe): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Amount of Grant Sought: \_\_\_\_\_
5. Are there other sources of funds for the project (describe): \_\_\_\_\_  
\_\_\_\_\_
6. What is the total budget for the project (attach): \_\_\_\_\_
7. When will the project begin: \_\_\_\_\_
8. Are there also volunteer opportunities available for the project to members of West Jacksonville Rotary (describe): \_\_\_\_\_  
\_\_\_\_\_
9. Does your organization have any present or past members of West Jacksonville Rotary Club employed by it or on its Board (name): \_\_\_\_\_  
\_\_\_\_\_
10. Has your organization ever received a grant from West Jacksonville Rotary Club: (yes/no/when) \_\_\_\_\_
11. What is the name, address and telephone of your auditor? Please attach a copy of your most recent annual audit. \_\_\_\_\_  
\_\_\_\_\_
12. Who is the chief executive officer of your organization, and phone number: \_\_\_\_\_  
\_\_\_\_\_

Applicant:

\_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

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