

GREATER WEST CHESTER SUNRISE ROTARY FOUNDATION

APPLICATION FOR GRANTS OR FUNDING

TO BE COMPLETED BY NOMINATING ROTARIAN	
Name of Recommending Rotarian	
Organization Name	
How long has organization been chartered?	
Organization Address Number and Street City, Zip Code	_____ _____, _____
TO BE COMPLETED BY NOMINATED AGENCY	
Executive Director Name	
Name of Person Completing Application if different from Above	
Telephone Numbers Agency Contact Person	_____ _____
E-mail Address of Contact Person	
Web Site (if any)	
Amount Requested	\$ _____
Name of Program for which funds will be used, if granted.	

In addition to the above information, please attach the following:

BRIEF (1-2 pages) Narrative including the following:

- a. Mission.
- b. Geographic area served.
- c. Description of program for which funding is requested, including the number of individuals to be served in the program and evaluation benchmarks
- d. Organizational Information

Depending on the nature of the request, the following information may be required. Please include it if it is available.

1. Copy of IRS Determination Letter [501(c)(3) letter]
2. Copy of CURRENT Pennsylvania Charities Registration Certificate OR letter stating the reason for your exemption.
3. Board of Directors list
4. Current Year Organization Budget
5. Most recent Audited Financial Statement.

The Greater West Chester Sunrise Rotary Club Foundation evaluates applications on a bi-monthly basis. All applications will be considered that are received by the Foundation President at least two weeks prior to the next scheduled meeting. Other applications may be deferred to the next meeting.