



Community Grant Application

Please submit this application at least two months prior to when these funds are needed. If you need assistance with the application, please contact our Community Service Chair, Barbara Johnson (252-241-1152). Mail completed application to Attention: Barbara Johnson, 1506 Scotts Landing, Morehead City, NC 28557.

Date of Submission

Organization Name

Contact Person Address

Contact Phone E-Mail

Organization Mailing Address

Organization Phone E-Mail

Organization Website

Is your organization a 501©3 __yes __no

Project Information

Project Title

Amount Requested from Rotary:

Project start/end dates (if applicable):

1. Project Description. Summarize the proposed project in the space provided. Indicate target group, what will happen, when and where it will occur. If this is a capital expenditure, describe how equipment will be used. NOTE: You may attach an additional description on a separate sheet of paper, but summarize here.
2. If this is a capital expenditure, how will upkeep and replacement parts be funded?
3. Has this organization ever applied for funds from this Rotary before? If so, please indicate amount of funds received and for what purpose those funds were used.
4. How would partial funding impact this project/program?
5. How many people will be served by this project?

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6. Describe how the project's success will be evaluated?

7. How will support by the Rotary Club of Morehead City – Noon be acknowledged?

Project Financial Information (You may attach worksheet if desired)

Total Project Costs _____

Summarize Income Sources: Income

a. _____

b. _____

c. _____

d. _____

e. _____

Itemized Expenses

a. _____

b. _____

c. _____

d. _____

e. _____

Check should be made out to:

Check should be sent to (mailing address):

Authorized Signature: The signature below is that of an authorized person that can testify to the accuracy of the application and the person who agrees that acknowledgement will be given to the Rotary Club of Morehead City – Noon and that all unused funds will be returned to the club.

Signature _____ Title _____

Date _____

Rotary Use Only:

Date submitted: Member Submitting (if applicable) Date Considered:

Date approved: Amount approved: Date Payment Sent: