

Chartered in 1979

# Chicora Rotary



## SERVICE Above Self

### GRANT APPLICATION

PO Box 70101 - Myrtle Beach, SC 29572

*Please use the back of the form for any overflow or additional information.*

Name of organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Year founded: \_\_\_\_\_ IRS 501(c)(3)? Y \_\_\_\_\_ N \_\_\_\_\_ Nationally affiliated? Y \_\_\_\_\_ N \_\_\_\_\_

Type of services (check all applicable): Health & Human Services \_\_\_\_\_ Youth Activities \_\_\_\_\_

Recreation \_\_\_\_\_ Religious \_\_\_\_\_ Education \_\_\_\_\_ Culture & arts \_\_\_\_\_ Child Welfare \_\_\_\_\_ Housing \_\_\_\_\_

Other \_\_\_\_\_ (Explain briefly)

Mission statement: \_\_\_\_\_

Amount of request \$ \_\_\_\_\_ for Operations \_\_\_\_\_ Capital Program \_\_\_\_\_

Total budget of the organization \$ \_\_\_\_\_

If nationally affiliated, percent of total budget sent to headquarters? \_\_\_\_\_% \_\_\_\_\_ N/A

Specific purpose of this grant: \_\_\_\_\_

Other donors to this project of \$1,000 or more (four highest):

\_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Position: \_\_\_\_\_

### For Chicora Rotary Treasurer:

Previous Chicora Rotary gifts to this organization (amounts & years): \_\_\_\_\_

Board action & date: \_\_\_\_\_

Check issued: amount \$ \_\_\_\_\_ date \_\_\_\_\_ check # \_\_\_\_\_