

# WEST BEND NOON ROTARY GRANT APPLICATION FORM

## CERTIFICATION FORM

The applicant hereby certifies to the West Bend Noon Rotary that:

- 1 The submission of this proposal has been authorized by the governing body of the applicant organization or group, and the project director and fiscal agent listed are authorized to act as the representatives of the applicant in connection with this proposal.
- 2 The applicant organization or group is constituted for nonprofit reasons.
- 3 Any funds granted as a result of this proposal will be administered in accordance with all guidelines and provisions of the West Bend Noon Rotary.
- 4 The applicant organization or group has not been debarred from receiving federal funds and is in compliance with non-discrimination statutes.

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### Project Director

### Fiscal Agent

Date \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Name (type) \_\_\_\_\_

Name (type) \_\_\_\_\_

Organization \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

City, state, zip \_\_\_\_\_

Daytime phone \_\_\_\_\_

Daytime phone \_\_\_\_\_

Second phone \_\_\_\_\_

Second phone \_\_\_\_\_

Fax \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

### Payee

Checks, payable to the sponsoring organization, should be mailed to:

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

One copy of this form must include original signatures  
(1 of 4)

## APPLICATION FORM FOR GRANTS OVER \$500

<b>Title of Project</b>			
<b>Sponsoring Organization</b>			
<b>Address</b>			
<b>Summarize your project in a few sentences</b>			
<b>Project Director (name, title, organization)</b>			
<b>Fiscal Agent (name, title, organization)</b>			
<b>Budget Totals</b>	<b>Rotary Funds Requested</b>	<b>Matching Funds if any / Source</b>	<b>Total Funds</b>
<b>Activity, event or project supported by Grant</b>	<b>City or Town</b>	<b>County / Country</b>	<b>Date and Time Period of Supported Activity, event or project</b>
<b>People Served</b>	<b>Estimated number of people directly benefiting</b>		

## Organization's Project Director Information Form

Personnel

\_\_\_\_\_

Name

\_\_\_\_\_

Address

City, state & zip

\_\_\_\_\_

Daytime phone

Job Title

\_\_\_\_\_

Organization

\_\_\_\_\_

1 Describe the particular **background that qualifies** the project director as a resource for the grant program.

2 Describe the **specific function of this person** in the proposed project.

**Give a copy of this page and your project to key personnel  
in the planning and implementation of your project.**