



ROTARY CLUB OF MISSION SAN JOSE APPLICATION FOR COMMUNITY GRANTS

(Please read instructions on reverse side)

Date: _____

Applicant Information:

Name of Organization: _____

Address: _____

Contact: _____ Telephone: _____ Email: _____

Title: _____ Are you a 501(c)(3) Non-Profit Organization? _____

Project Information:

1. Title or Purpose of Project: _____ Amount of Grant Requested: \$ _____

2. Briefly describe your project, its activities, and the specific charitable purpose for which funds are requested: _____

3. How will the funds be used to within the Mission San Jose Community? _____

4. Describe specific community benefit or end result of your project: _____

5. How will you publicize the Rotary Club name or logo as part of your project? _____

6. Have you requested funds from other sources for this project? Yes ___ No ___

If so, list others to whom have you applied for support? _____

Applicant Certification:

I am an authorized representative of the applicant organization and agree to use the funds for the specific purpose stated in this application.

Name: _____ Title: _____

Signature: _____

*****Please do not write below this line. For Rotary Club Use Only*****

Recommended Funding: \$ _____ Not Recommended because: _____

Charitable Giving Committee: Signature: _____ Date: _____

Club Board: Approved: Yes ___ No ___ Signature: _____ Date: _____