



2024 – 2025 GRANT PROGRAM APPLICATION

| 1. | Organization | | | | |
|----------|---|---|--|--|--|
| | Mailing Address | | | | |
| | Contact | Personal Phone # | | | |
| | | E-mail | | | |
| | If grant approved, make check payable to: | | | | |
| | Are you a 501 (c) 3 non-profit organization? | Yes No | | | |
| 2. | Amount requested from Rotary Club of Gilroy: | \$ | | | |
| 3. | Brief description of <i>specific purpose</i> for which funds are requested. Attach detailed breakdown of how monies will be used. (Attach additional sheet if necessary). | | | | |
| 4 | How will funds be used locally? | | | | |
| . | now will runus be used locally. | | | | |
| 5. | What will be the impact of these funds? | | | | |
| | | | | | |
| 6. | How will your organization publicize the Rotar programs/activity? | y name or symbol as part of your | | | |
| 7. | Have you requested or will you be requesting to purpose? | funds from another organization for this Yes No | | | |
| | If yes, please identify other organizations and | amounts requested. | | | |
| | | | | | |

| 8. | Did you receive a grant from the Rotary Club of Gilroy If yes, you must complete and submit the Compliance to receive a grant for the current year. | • | | e Page | No 3) to b | e eligik | ole |
|---------|---|-------|--------|--------|---------------|----------|-----|
| 1/ | we agree to use the funds as stated in this application. | | | | | | |
| Sig | nature of Applicant | D | ate | | | | |
| Acc | epted by Rotary | D | te | | | | |



ROTARY CLUB OF GILROY COMPLIANCE REPORT FORM

If an organization received a grant during the prior year, this Compliance Report Form <u>must</u> <u>be</u> completed and received by the Rotary Club of Gilroy by November 12 of the year you received your grant. An organization not submitting a completed form will NOT be eligible to receive a grant in the current year. <u>Mail</u> the completed form to: Rotary Club of Gilroy, c/o Rotary Community Grants Program, P. O. Box 1912, Gilroy, CA 95021.

| Organization: | |
|---|--|
| Name of Project: | ······ |
| Amount of Grant: | |
| 1. Purpose for requested funds: | |
| Attach copies of receipts and/or photos took place. | s of equipment, or if an event, proof that that it |
| 3. Have you expended all the grant funds? it be spent? | ? If not, how much is remaining and when will |
| Signed: | Print Name: |
| Position: | Date: |