



Name of organization requesting funds: _____

Is this a 501(c)(3) organization? _____

Organization Postal address: _____

Organization Contact EMAIL: _____

Name of person requesting funds: _____

Position/title: _____

Please attach the following (*if missing, grant application will not be considered*):

Mission statement and the objectives of your organization.

Project description for which you are requesting funding.

Amount requested:

Have you ever received a Rotary Foundation Grant before? Yes No
_____ _____

If yes, please state when, the amount, and how the grant was spent:

Submitted by (please print name): _____

Signature: _____ Title:

Date: _____

Contact Information: Address:
 Phone:
 Email:

Email complete applications and attachments to: Joseph.Cleary@nuvancehealth.org
Or mail to:
Rotary Club of Ridgefield, P.O. Box 41, Ridgefield, CT 06877
ALL APPLICATIONS DUE BY April 30, 2020