

**BROOMALL ROTARY CLUB FOUNDATION**  
**PO Box 37 Broomall PA 19008**

**GRANT APPLICATION FORM**

Attach supplemental sheets as needed

Date:

1. Name of Organization:

2. Organization's Executive Director or Senior Officer

3. Organization Mailing Address

Contact:

Street:

City State Zip Code:

Telephone

Fax

E-mail:

4. Federal Identification Number: 5. Amount Requested:

5. Amount Requested

6. Briefly describe your organization, its mission, its ongoing activities and the people it serves.(please use a separate page if necessary)

7. Briefly describe the purpose for which you are making this grant request, including the proposed use of the requested funds in Marple Township (or for the benefit of Marple Township Residents) or International project and when the activities for which the grant is sought will take place. (please use a separate page if necessary)

8. If you are seeking funds for specific items, identify each item needed for your proposed activities. Enter the total on the line at the bottom. Identify Items Needed and Cost of Items Needed

Item 1 \_\_\_\_\_  
\$ \_\_\_\_\_

Item 2 \_\_\_\_\_  
\$ \_\_\_\_\_

Item 3 \_\_\_\_\_  
\$ \_\_\_\_\_

Item 4 \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL COSTS \$ \_\_\_\_\_

9. Identify below any additional sources of funds for the items listed above, excluding any in-kind donations (such as value of volunteer labor). Enter the total on the line at the bottom.

Other Source of Funds/Item Needed Amount of Funds from Other Source

Source 1 \_\_\_\_\_  
\$ \_\_\_\_\_

Source 2 \_\_\_\_\_  
\$ \_\_\_\_\_

Source 3 \_\_\_\_\_  
\$ \_\_\_\_\_

TOTAL FUNDS FROM OTHER SOURCES \$ \_\_\_\_\_

10. Identify below any matching funds available for your requested grant

11. Please attach your organization's annual financial report/budget, any supplemental materials, and any additional information that you would like us to consider.



# BROOMALL ROTARY FOUNDATION

## GRANT FINAL REPORT FORM

**Complete and submit this form at the completion of the project for which you have received funds. Future Grant Applications will not be considered unless this Grant Final Report Form is received by the Foundation Committee.**

Attach supplemental sheet if necessary.

Name of Organization: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Amount of Grant: \_\_\_\_\_

2. Date Grant Received: \_\_\_\_\_

3. Describe the activities/purchases for which the Grant was used.

4. Provide the date(s) on which the activities/purchases were applied.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Other Comments