

# Rotary Club of Portsmouth

PO Box 905 Portsmouth, NH 03802-0905

## REQUEST FOR FUNDS APPLICATION

Date

Organization:

Address:

Contact Name:

Contact Phone:

Contact email:

1. PURPOSE or MISSION of organization or PROJECT IDENTIFICATION:

2. Reason for requesting funds:

3. Amount requested: \$\_\_\_\_\_When needed: \_\_\_\_\_

4. Have you requested Rotary funds before? \_\_\_\_\_If so, when: \_\_\_\_\_

5. If this is your first request list your past funding sources:

6. Are you applying for funds from other sources for this same request? \_\_\_\_\_.  
If yes, identify the other sources:

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7. Is your organization recognized tax exempt by the IRS under IRC 501(c)(3)? \_\_\_\_\_
- a) Are you applying for funding using a CONDUIT or PASS THROUGH IRC 501(c)(3) organization? \_\_\_\_\_
- b) If so, do you have a written agreement with such organization to PASS THROUGH fund if awarded? \_\_\_\_\_
- c) Is the CONDUIT or PASS THROUGH an IRC 501(c)(3) entity? \_\_\_\_\_  
If yes, provide a copy of the IRS determination letter for such entity.
8. Indicate percentage of requested funds to:
- a) Your total annual operating budget \_\_\_\_\_%
- b) Your budget project costs \_\_\_\_\_%
9. Indicate level of financial statement:
- Audit \_\_\_\_ Review \_\_\_\_\_ Compilation \_\_\_\_\_ Internally Generated \_\_\_\_\_
10. Supplemental documentation: a) Supporting materials for request b) Most recent annual financial statements (fiscal year) c) List of current officers and trustees/directors
11. Comments:

### PLEASE NOTE

Requests are subject to the review of a Basic Needs Committee Member, which will result in a visit and/or telephone conference with you for verification and to seek additional information if necessary.

Grants awarded exceeding \$1500 require follow-up by a Basic Needs Committee Member and documentation as to the actual use and/or application of funds.