



# ROTARY CLUB OF BOONE DONATION APPLICATION

*Please read the Rotary Club of Boone's Donation Policies & Guidelines before completing application. Complete each section with special attention to accuracy. You may attach additional information as needed. Applications should be submitted a minimum of 90 days before funds are needed to allow time for Board consideration. Please plan accordingly*

Date: \_\_\_\_\_

## **Applicant Information:**

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

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

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

What is your organization's IRS non-profit determination? \_\_\_\_\_

*A copy of your organization's IRS Letter of Determination may be required before donation is approved.*

## **Project Information:**

1. Project Name: \_\_\_\_\_

2. Donation Amount Requested: \$ \_\_\_\_\_

3. Briefly describe your project and the specific purpose for which funds are requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Is project consistent with the Rotary Club of Boone's donation policies and guidelines? Yes \_\_\_\_ No \_\_\_\_

If not, why? \_\_\_\_\_

5. What specific geographic area will this project benefit? \_\_\_\_\_

6. Describe the specific community benefit or outcome that will result from this donation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Approximately how many people will benefit from this donation? \_\_\_\_\_

8. What are the anticipated beginning and ending dates of this project? \_\_\_\_\_

9. When is donation needed? \_\_\_\_\_

10. List the names of any Boone Rotary members involved in this project or organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. How will the Rotary Club of Boone donation be acknowledged or promoted by your organization? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Have you requested funds from other charitable sources for this project? Yes \_\_\_\_ No \_\_\_\_

If so, list others to whom you have applied for support and the donation amount requested: \_\_\_\_\_

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**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 return application to: Rotary Club of Boone  
P.O. Box 532  
Boone, IA 50036



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

Rotary Club of Boone Board Approval: Yes \_\_\_\_ No \_\_\_\_

If "Yes", Donation Amount: \$ \_\_\_\_\_

If "No", Reason Why: \_\_\_\_\_

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Club President Signature: \_\_\_\_\_ Date: \_\_\_\_\_