



Please complete the following application using additional pages (if necessary) to fully answer the questions or to provide substantiating materials or documents and submit online or by mail.

Online: Email your application via the Rotary Club of New Braunfels website, newbraunfelsrotary.org, by clicking "Submit Applications" under Charitable Contributions in the Club Applications section at the top right corner of the home page.

Mail: Rotary Club of New Braunfels
Attn.: Charitable Contributions Committee
P.O. Box 310587
New Braunfels, TX 78131-0587

Please do not contact individual club members about your request or concerns.

Organization Name: _____

Contact Name: _____ Phone: (_____) _____ - _____

Email: _____ Website: _____

Mailing Address: _____ Suite/Unit: _____

City: _____ State: _____ Zip: _____

Submitted By: _____ Title: _____

Name of Rotarian endorsing this project: _____

Primary purpose of individual project or group organization. Include length of service (if applicable) and the numbers of people served: _____

Amount of request: \$ _____ Total fundraising goal: \$ _____

Please list other commitments/funds/ or sources of funds you have for this program: _____

Will there be matching funds for this contribution? Yes No If yes, how much: \$ _____

Region of intended service or expenditure: _____

Does your Organization have a Board of Directors? Yes No If yes, please attach a document listing the names of the Directors.

Is your organization a 501(c) 3 non-profit? Yes No Are you an IRS identified non-profit? Yes No

Describe the project, use of funds, and possible impacts: _____

Indicate how the Rotary Club of New Braunfels will receive recognition for our support: _____

If this is a specific project, please identify the project budget, how the funds will be applied and the evaluation of the completed project: _____

Is there a specific timeline for the delivery of the funds &/ or use? Yes No If yes, date: ____ / ____ / ____

Are there any items other than money that your organizations might need or require? Supplies, manpower, promotion, etc.: _____

If you have a copy of your official designation of 501(c)3, please provide it and/or any documentation or information that would be helpful in our decision-making process. Please list attached documents.

Any additional comments: _____

Signature of Person Identified above in "Submitted by": _____

Name _____ Date: ____ / ____ / ____

Avenue of Service Traveler

Avenue of Service: _____

Comments from Avenue of Service Committee: _____

Avenue of Service recommended funding: \$ _____

Avenue of Service Chair Approval Signature: _____

Name: _____ Date: ____ / ____ / ____