

Breakfast Rotary Grant Application (continued)

8. Is the requesting organization a not-for-profit corporation? ____ Yes ____ No
If yes, check type of organization:
____ Charitable ____ Educational ____ Fraternal ____ Religious ____ Senior ____ Veterans
9. Is the organization a tax exempt corporation? ____ Yes ____ No
10. What is your tax identification number? _____
Please provide a copy of your tax exempt letter from the Internal Revenue Service and/or a copy of your letter from the Illinois Attorney General attesting to your tax-exempt status.
11. Has your organization previously received funding from the Breakfast Rotary Charitable Foundation?
____ Yes ____ No
If yes, state the year and amount of funding: _____

12. Amount you are requesting: _____
15. How will the funds be utilized? Please be specific. Attach additional documentation if necessary. ____

16. How will the greater Barrington community benefit from a donation to your organization by the Breakfast Rotary Charitable Foundation?

(For Use by Breakfast Rotary Charitable Foundation Only)

Documentation Complete

Date presented to Board _____

Action _____

Subsequent Board Review (if necessary) _____

Action _____

Approved

Rejected

Amount _____

Check No. _____

Date sent _____