



GRANT APPLICATION

Funder to which this application is directed	COVINGTON ROTARY FOUNDATION
Date of Application	
ORGANIZATION NAME	
Applicant Organization (Full Legal Name)	
Doing Business As (if applicable)	
Previous Name, if changed	
Tax Exempt ID# or Name of School (attach IRS determination letter if available)	
Applicant Street Address	
Applicant City, State, Zip Code	
Applicant Phone	
Applicant Website	
CONTACT INFORMATION	
Contact Name	
Title	
Phone	
Fax	
E-mail	
Street Address (if other than above)	
City, State, Zip Code	
Mailing Address (if different than street address)	
City, State, Zip Code	
Attach a list of Board members (if applicable)	

REQUEST DATA	
Project Title	
Total Budget for this Project	\$
Amount of this request	\$
Anticipated Project Start Date	

Community/Counties served by this project	
Total Number of people to be served during grant period	
Total number of people under age 21 to be served by this project	

