



Rancho Bernardo Sunrise
PO Box 270243
San Diego, CA 92198
Grant Application

Name of Organization																	
Complete address	Contact email																
Contact Person & Title	Phone																
Organization's Tax I.D. Number	Tax Status 501 (c)(3) Yes No																
Organization's Mission Statement																	
What is your organization's budget																	
Amount of Grant requested																	
Date Funding Needed																	
Purpose of Grant (please provide a complete description of the <u>specific</u> program)																	
If your organization is not headquartered in Rancho Bernardo/Poway, what geographic area do you service. Which programs will be served by the grant funds?																	
Your target as to these groups- check all that apply																	
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px; text-align: center;">Youth</td> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Community</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Adult</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Seniors</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Disabled</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Active Military</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Education</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 10px; text-align: center;">Veterans</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Youth	<input type="checkbox"/>	Community	<input type="checkbox"/>	Adult	<input type="checkbox"/>	Seniors	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Active Military	<input type="checkbox"/>	Education	<input type="checkbox"/>	Veterans	<input type="checkbox"/>
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Number of people benefiting from this specific program	
Describe how the community will be served.	
<p>Will you link to our web site - www.RBSunrise.org - from your organization's web site?</p> <p>How can Rotary be recognized as a contributor?</p>	
Can individual Rotary members be involved? If yes, please describe:	
List anyone in your organization connected to Rotary that we might use as a reference.	
Are you able to participate in a Rotary event? If so, how can you help?	

Submit the application RB Sunrise Club President at pgorman@san.rr.com