



Stamford Rotary Trust Fund Community GRANT APPLICATION

The Stamford Rotary Trust Fund

The Rotary Club of Stamford is an organization of local neighbors, friends and community leaders dedicated to creating positive, lasting change in our communities. Adhering to the Rotary International motto “Service Above Self” the Rotary Club of Stamford strives to be an active participant in improving the health, welfare and well-being of people in our communities and around the world.

The Stamford Rotary Trust Fund was established in 1961 by The Board of Directors of the Rotary Club of Stamford for exclusively educational, charitable, scientific and literary purposes. Communities served by the Trust Fund include Stamford, Greenwich, Darien and New Canaan.

The Stamford Rotary Trust Fund is a 501(c)3 organization.

Dr. Robert B. Goldman
Chairman of the Board of Trustees
Stamford Rotary Trust Fund

Stamford Rotary Trust Fund
P.O. Box 8180
Stamford, CT 06903
203 323-0509
www.stamfordrotary.org

Contact Allan Lang
alang@shalikmorris.com

Stamford Rotary Trust Fund

INSTRUCTIONS AND GENERAL INFORMATION

Throughout the calendar year, from January 1st to December 31st, you may complete a Community Grant Application Form for grant requests of \$2,500 and under (if your organization supports community or economic development or children, health, and families).

Complete this application and send to:

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P.O. Box 8180
Stamford, CT 06905
203 323-0509
www.stamfordrotary.org

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To be eligible for grants from the Foundation, organizations must:

- Have nonprofit tax exempt status under section 501(c)(3) of the Internal Revenue Code
- Have programs located in Stamford, Darien, Greenwich, New Canaan
- Have community support
- Address community needs
- Have measurable outcomes
- Demonstrate fiscal and administrative responsibility

Stamford Rotary Trust Fund Community Grant Application

Date of Request: _____

Amount of Request: \$ _____

Name of Organization: _____

Address of Organization: _____

Tele: _____ Fax: _____

E-mail: _____

Website: _____

Contact Name: _____

Contact Title: _____

Community(s) Served: _____

Organization's Tax Status _____

(Please attach a copy of tax determination letter.)

Purpose of Grant: _____

Does this program/service for which you are applying benefit low-to-moderate income individuals and communities? If yes, please explain.

Name of other funders.	Amount Contributed
_____	\$ _____
_____	\$ _____
_____	\$ _____

I certify that I represent the above named organization, and that the requested contribution is for a charitable enterprise.

Signature: _____

Please attach to this form any documentation you wish to provide that supports your request.