



GRANT APPLICATION FORM  
(Attach additional pages as needed)

ORGANIZATION GRANT

Applicant Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Org. Phone: \_\_\_\_\_

Are you a recognized 501(c)(3) non-profit? \_\_\_\_\_ If so, please provide your EIN: \_\_\_\_\_

Email: \_\_\_\_\_ Organization Address: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Age of Organization (in years): \_\_\_\_\_

Number of members (non-profits only): \_\_\_\_\_

Number of employees (pre fire): Full time \_\_\_ Part time \_\_\_ Seasonal \_\_\_ Temp \_\_\_

Number of employees (post fire): Full time \_\_\_ Part time \_\_\_ Seasonal \_\_\_ Temp \_\_\_

Services or products you provide: \_\_\_\_\_

Dollar amount you are applying for? \_\_\_\_\_

How will funds be utilized? (describe how you would use funds if grant is obtained - attach additional pages if needed)

How will your organization impact the redevelopment of Paradise?

Do you have written estimates for what you wish to do?  Yes  No (If yes, please submit estimate)

Does the proposed use of the funds involve construction?  Yes  No

Do you have building plans?  Yes  No Have the plans been approved?  Yes  No

Do you have a business plan or budget for the intended use of the funds?  Yes  No

How was your organization impacted by the fire? (Check all that apply)

Physical damage  Day to day interruption - How long? \_\_\_\_\_

If grant is not received, I may have to move out of the area permanently  Yes  No

Are you open/operating again? \_\_\_\_\_ When do you intend to re-open? \_\_\_\_\_



How many employees do you intend to have upon re-opening? \_\_\_\_\_

To what degree, if any, is your organization insured for any of your losses?

\_\_\_\_\_  
What is the status of any insurance settlement/payments?  
\_\_\_\_\_  
\_\_\_\_\_

Have you received other grants? If so, from whom? \_\_\_\_\_

Amount Received: \_\_\_\_\_ Do you have any other grant other grant applications pending? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

If approved, would you be willing to do a presentation to the Rotary Club of Paradise as to the use of the awarded funds and the progress towards achieving your goals in applying for the grant? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date