

**RI CPCU CARES COMMUNITY SERVICE GRANT  
APPLICATION - 2018**

Member Name	
Member ID (can be found on society website)	
Email Address	
Phone number	
Name of Organization	
Organization Contact Person	
Organization Street Address	
Organization City, State, Zip	
Organization Federal ID# (501 ( c ) (3))	
Organization Telephone Number	
Description of organization and its activities	
Number of members in the organization	_____
Number of persons the organization serves	_____
Detailed description of how grant will be used	_____
Description of member's involvement (be specific and include number of years involvement and number of hours/year, months/year involved)	

Return application via email to [rhodeislandchapter@cpcusociety.org](mailto:rhodeislandchapter@cpcusociety.org) or complete application online at <https://www.surveymonkey.com/r/J7GQCVX>