



Grant Application and Project Proposal Request

In the Rotary tradition of “*Service Above Self*” we invite local citizens and groups to apply for assistance with worthy projects which improve the lives of youth with special needs and their families in the communities of Cloverdale, Geyserville, Healdsburg, and Windsor. This Request is the first step in the approval process. Our Rotary Clubs may provide money, talent or volunteer labor. The following criteria are used in judging the projects:

- Amount of support needed from Rotary Cares (Maximum grant: \$2,000)
- Benefits one or all of the four Rotary Cares focus communities
- Is a defined project or initiative with specific goals/objectives and measurable results

If your organization meets the above criteria and wish to apply for a financial grant and/or request for Rotary volunteer support, please complete the following application and submit it to:

Rotary Cares
c/o Rotary Club of Healdsburg Sunrise
P.O. Box 302
Healdsburg, CA 95448

Project Title: _____ Date: _____

Organization: _____ Web Site _____

Contact: _____ Email _____

Address: _____ Phone: _____

City, State, Zip: _____

Is the Applicant a Unit of Government? Not-for-Profit Corporation 501(c)(3)

Applicant Federal EIN Number _____

Geographic Area Served: _____

Who does your organization serve? _____

Amount Requested:	
Date Funds Are Needed:	
Purpose of Funds:	
Total Project Budget:	
Funds on Hand for Project:	

Organization Description:

1. Brief history of the organization and its mission.
2. Annual Report with most recent financial statement
3. Annual Budget
4. Board of Directors names, and contact information
5. % of last year's operating budget applied to administrative expenses.

Project Description completed on an attached page, including the following:

1. Describe the goals or objectives of this project. _____
2. Who will be served by completing this project? _____
3. What is required from Rotary Cares for this project?

Money, Amount \$ _____ and description of the use/purpose of funds _____

Volunteers. _____ How many for how long? _____

Volunteer activities/responsibilities _____

What type of expertise is required? _____

4. What is the start date and duration of the project? _____

What activities must be completed prior to the implementation of the project?

5. Has your organization been supported by a Rotary Club in the past?

Yes _____ No _____

If so, when? _____ Club name _____

What support did Rotary provide (\$ amount and/or number and nature of volunteers) _____

6. Rotary Cares Steering Committee sponsor:

Name _____

Phone: _____ E-mail: _____

What role will sponsor play, if any? _____

Thank you for taking time to complete this application. Should this project not be selected this Rotary Year (July 1 to June 30) it does not restrict your organization from applying for support in the next Rotary year.

Rotary Cares Collaborative Action

Project Name & Organization: _____

Please confirm your action on this grant request and submit this form to the Board of Directors for review and action.

Presented to _____ on _____
(Committee Name) (Date)

Recommend Approval

Recommend Denial

(Committee Chair) (Date)

This project meets the following Rotary Cares goals:

Or project rejected for the following reasons:
