



GRANT REQUEST POLICY

The “Andover Cares Fund” (the “Fund”), is an arm of the Andover Rotary Charitable Trust, and was established to provide money, in the form of grants, to individuals or organizations. The grants may be used for any purpose which will help to address the Opiate Addiction Epidemic, including education, prevention, and treatment.

Please consider the following when completing our Grant Request Form:

1. The Fund will only consider grant requests related to the areas noted above.
2. Please tell us who you are and if applicable, the most important information about your organization.
3. Please provide a comprehensive description of your project, including the budget, and most importantly, why you are requesting a grant.
4. Please tell us the impact on the crisis your proposal will have in Andover.

Helpful Comments from the Grant Committee:

1. If your project will be funded from multiple sources, please make it clear what you would like from us. The Fund may make disbursements on multiple occasions for one Grant. (Example: 1/3 upon approval, 1/3 once agreed upon milestones are completed, and 1/3 after the project is completed).
2. As a committee, it is our objective to decide the outcome of grant applications quickly, however, the approval process may take up to 4 weeks.

When the project is complete, we require all recipients to complete a **Grant Report Form**. This is an opportunity for our grant recipients to report on the use of funds, effectiveness of your program, and the impact of our investment to improve our community and accomplish our mission. It is our expectation that recipients will carefully track the progress and success of the granted project.

Mailing Address:

The Andover Cares Fund
c/o Rotary Club of Andover Charitable Trust
P.O. Box 1152,
Andover, MA 01810

Email:

AndoverCaresInfo@Gmail.com



GRANT REQUEST FORM

Request Date: 1/8/2016

Organization Name:

Address:

City:

State:

Zip/Postal Code:

Contact Person:

Title:

Phone #:

E-Mail Address:

- 1. Mission and Description of Organization:**
- 2. Description/Purpose of Project:**
- 3. How will this project fulfill the specific goal of fighting opiate addiction in our community?**
- 4. Proposed Use of Funds. Include Estimated Cost or Budget.**
- 5. Amount Requested \$**

Amount Approved \$

Approved By

Date