

# Grant Application (REQUESTS OVER \$2,000)

Rotary  
Club of Arlington



## APPLICATION DEADLINE

- ☐ 1st Quarter Due by Mar. 31  
☐ 2nd Quarter Due by Jun. 30  
☐ 3rd Quarter Due by Sept. 30  
☐ 4th Quarter Due by Dec. 31  
☐ Emergency Review Requested

## AREA OF BENEFIT

The project will benefit persons in the following area(s) served by the Rotary Club:

- ☐ Arlington  
☐ Smokey Point  
☐ Darrington  
☐ Greater Stilly Valley

Has your organization received a grant from any Rotary Club in the last 2 years?  
(Including Rotary Club of Arlington)

☐ YES ☐ NO

If YES, what year?

Rotary Club Name:

Amount granted:

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**Grant Amount Requested:**

## APPLICANT INFORMATION

Organization:

9 digit EIN number:

Address:

City:

State

Zip Code

## PRIMARY CONTACT

Name:

Position/Title:

Email:

Phone:

## ALTERNATE CONTACT

Name:

Position/Title:

Email:

Phone:

# PROJECT INFORMATION

## ROTARY INTERNATIONAL FUNDING OBJECTIVES

**Indicate which “Rotary International Area of Focus” that your project will address:**  
(If applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Peace and conflict prevention/resolution | <input type="checkbox"/> Water sanitation          |
| <input type="checkbox"/> Disease prevention and treatment         | <input type="checkbox"/> Maternal and child health |
| <input type="checkbox"/> Basic education ad literacy              | <input type="checkbox"/> Environment               |
| <input type="checkbox"/> Economic and community development       |  |

## ROTARY CLUB OF ARLINGTON FUNDING PRIORITIES

**Indicate the Rotary Club of Arlington priority area that your project will address:**  
(Select all that apply)

- ☐ Healthy growth and development of children and youth
- ☐ Family, senior or community well-being
- ☐ Supportive and inclusive communities
- ☐ Maternal and child health
- ☐ Community engagement and capacity building
- ☐ Other \_\_\_\_\_

Project Title:

Project Start Date:

Project End Date:

Location(s) of Project Activities (communities, facilities, etc.):

**Executive Summary of Project** (max 500 words). Provide a brief summary of the project that we may use as a project description for our grant adjudication and communication purposes. Define the Organization’s mission statement and any relevant impact. Include the desired outcome of the project. List any partnerships/ collaborations with outside organizations. Clarify the sustainability of this project.

# PROJECT INFORMATION

**Project Objectives** Briefly describe the community and the issue that your project is designed to address. If the project has been offered before, briefly describe the results and any changes that have been made to the project to improve outcomes for participants.

**Describe who will participate in and/or benefit from the project.** Include how these benefits are of a need to the community.

**Identify the demographics of the participants and/or beneficiaries.** *Select all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Female                      | <input type="checkbox"/> Community Volunteers               |
| <input type="checkbox"/> Male                        | <input type="checkbox"/> Seniors                            |
| <input type="checkbox"/> Rural Residents             | <input type="checkbox"/> Nonprofit Board Members/Volunteers |
| <input type="checkbox"/> Elementary Students         | <input type="checkbox"/> Nonprofit Staff                    |
| <input type="checkbox"/> Junior/High School Students | <input type="checkbox"/> Other_____                         |

**Identify any of the following characteristics that may apply to the participants and/or beneficiaries.** *Select all the apply.*

- ☐ Living in Poverty
- ☐ Single Parents
- ☐ Unemployed
- ☐ Physical Disabilities
- ☐ Cognitive/intellectual Disabilities
- ☐ Homeless/Substandard housing
- ☐ Mental Illness
- ☐ Chronic Health Conditions
- ☐ Vulnerable/At-risk
- ☐ Isolated socially/geographically
- ☐ Other\_\_\_\_\_

# PROJECT INFORMATION

**Which of the following focus areas will be included in the project?** *Select any/all that apply.*

- ☐ Employment Skills/Preparation
- ☐ Nutrition/Food Security
- ☐ Academic Achievement/Support
- ☐ Arts and Culture, Theater, Music
- ☐ Sports and Recreation
- ☐ Social Inclusion and Social Supports
- ☐ Health and Wellness
- ☐ Crime Reduction
- ☐ Housing Support
- ☐ Public Awareness/Education
- ☐ Aging independence
- ☐ Transportation Support

**How often will participants take part in the project?**

- ☐ One-time event
- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Other\_\_\_\_\_

## PROJECT ACTIVITIES AND TIMELINES

**Indicate the primary or major types of activities that will occur to carry out the project and their anticipated start and end dates.**

Activity Description	Start Date	End Date

# PROJECT INFORMATION

## EXPECTED RESULTS

Estimate the number of people that will participate and/or benefit from the project. \_\_\_\_\_

**Describe the expected outcomes, benefits, and results that participants/beneficiaries will gain from their involvement in the project.**

**How will you measure and evaluate the overall success of your project?** How will you evaluate the results/experiences by participants/beneficiaries?

## RECOGNITION OF ROTARY CLUB OF ARLINGTON

**If a grant is awarded, describe how you will recognize Rotary Club of Arlington.** Will Rotary Club of Arlington be receiving a valued recognition?

# BUDGET INFORMATION

Provide all estimated revenues that will support the project. Indicate for each applicable revenue source(s) the budgeted amount and if the revenue is confirmed or pending.

Revenue Source(s)	\$ Amount	Confirmed	Pending
<b>Total Revenue Budget</b>	<b>\$</b>		

Provide all estimated Expenses for the project. Indicate the expenses Rotary Club of Arlington is being requested to support, and the amount requested.

Expense Item	Description	\$ Expense	\$ Rotary
<b>Total Expense Budget</b>		<b>\$</b>	<b>\$</b>

# BUDGET INFORMATION

## OTHER CONTRIBUTIONS

**Will any in-kind goods or services be contributed to the project?**

☐ Yes ☐ No

**If yes, indicate the type(s) of contributions and an approximate value.**

Contributor	Description	\$ Value

**Will volunteers be involved in planning and/or delivery of the project?**

☐ Yes ☐ No

If yes, indicate the approximate number of volunteers. \_\_\_\_\_

**Provide a brief description of how volunteers are recruited and how they will be involved in the project.** Is there an opportunity to include Rotary Club of Arlington volunteers?

## FINANCIAL DOCUMENTATION

**Attach to this application your organization's financial documents.** Check all that apply.

**Attachments:**

- ☐ Verification of tax-exempt status under Section 501(c)(3) of the IRS code (if applicable)
- ☐ IRS Form 990 (if available)
- ☐ IRS Form W-9 (if applicable)
- ☐ Most recent balance sheet and profit and loss statement

# APPLICANT CONFIRMS THE FOLLOWING:

**To complete, confirm you understand and agree with the following statements.**

☐

I have carefully read and understand the eligibility criteria for this grant program as described in the Rotary Club of Arlington Grant Guidelines, and I confirm the organization I represent meets these criteria.

☐

I confirm to the best of my knowledge the statements in this application are complete, true and accurate.

☐

I accept the conditions of this program and agree to accept Rotary Club of Arlington Grant Committee and/or Executive Board's decision.

☐

I agree the organization I represent will return a portion or all of the funding should the project fail to be carried out as described in the application.

☐

I agree to credit the Rotary Club of Arlington in any publication of results of said project and acknowledge the Rotary Club of Arlington for their funding support.

☐

I have attached a list of board members with any necessary disclosures noted (family members in the Rotary Club of Arlington, conflicts of interest, etc.).

☐

If the grant is \$1,000 or more, I have attached one (1) letter of recommendation for the organization as defined in the Grant Guidelines.

☐

I have attached copies of the organization's financial reports, including, but not limited to Profit & Loss Statements and Balance Sheets.

☐

I have attached a copy of the organization's tax exempt letter and W-9 from the IRS (if applicable).

Name of Authorized Representative:

Position with Organization:

**Signature:**

**Date:**

Rotary Club of Arlington Member Liaison:

Rotary Club of Arlington Member's Phone Number: