

Rotary Club of Arlington Grant Application (For Requests Over \$2,000)

<p>Application Deadline (select one)</p> <p><input type="checkbox"/> Summer - August 23, 2018</p> <p><input type="checkbox"/> Fall - November 23, 2018</p> <p><input type="checkbox"/> Winter - February 21, 2019</p> <p><input type="checkbox"/> Spring - May 23, 2019</p> <p><input type="checkbox"/> Emergency Review Requested</p> <p>The project will benefit persons in the following area(s) served by the Rotary Club:</p> <p><input type="checkbox"/> Arlington</p> <p><input type="checkbox"/> Lakewood//Smokey Point</p> <p><input type="checkbox"/> Darrington</p> <p><input type="checkbox"/> Greater Stilly Valley</p>	<p>Has Your Organization Received a Grant from any Rotary Club in the last 2 Years? (including Rotary Club of Arlington)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If Yes, What Year? _____</p> <p>Club name: _____</p> <p>Amount Granted \$ _____</p> <p>Organization's 9 digit EIN number</p> <p>_____</p> <p>Grant Request: _____</p>
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APPLICANT INFORMATION

Organization:		
Address:		
City:	State:	Zip code:

Primary Contact Person	Alternate Contact Person
Position / Job Title	Position / Job Title
Phone	Phone
Email	Email

PROJECT INFORMATION

Rotary International Funding Objectives

Indicate which "Rotary International Area of Focus" that your project will address, if applicable.

- Peace and conflict prevention/resolution
- Disease prevention and treatment
- Water and sanitation
- Maternal and child health
- Basic education and literacy
- 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
- 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 of 500 words) Provide a brief summary of the project that may be used as a project description of 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.

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Project Objectives Briefly describe the community and the issue 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.

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

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

- Female
- Male
- Rural Residents
- Preschool Students
- Elementary Students
- Junior/High School Students
- Community Volunteers
- Nonprofit Board Members/Volunteers
- Nonprofit Staff
- Other _____

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

- Living in poverty
- Single parents
- Unemployed
- Physical disabilities
- Cognitive/intellectual disabilities
- Homeless/Substandard housing
- Mental illness
- Chronic health condition
- Vulnerable/At-risk
- Isolated socially/geographically
- Other: _____

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, theatre, music
- Sport 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

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
Total Revenue Budget	\$		

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

Expense Item	Description	\$ Expense	\$ Rotary
Total Expense Budget		\$	\$

Other Contributions

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

Yes

No

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

Contributor	Description	\$ Value

<p>Will volunteers be involved in planning and/or delivery of the project?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, indicate the approximate number of volunteers. _____</p>
<p>Provide a brief description of how volunteers are recruited and how they will be involved in the project. Is there opportunity to include Rotary Club of Arlington volunteers?</p>

APPLICANT CONFIRMS THE FOLLOWING:

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

<input type="checkbox"/>	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.
<input type="checkbox"/>	I confirm to the best of my knowledge the statements in this application are complete, true and accurate.
<input type="checkbox"/>	I understand the organization I represent is not eligible to apply to this grant program until any outstanding 6 Month Reports or Final Reports for Rotary Club of Arlington Grants have been submitted and approved.
<input type="checkbox"/>	I accept the conditions of this program and agree to accept Rotary Club of Arlington Grant Committee and/or Executive Board's decision.
<input type="checkbox"/>	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
<input type="checkbox"/>	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 and support.

<input type="checkbox"/>	I agree to provide Rotary Club of Arlington with a 6 Month Report detailing the grant's progress as well as a completed Rotary Club of Arlington Grant Final Grant Report, including financial verification.
<input type="checkbox"/>	I have attached a Board Disclosure form as defined in the Grant Guidelines.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I have attached a copy of the organization's tax exempt letter from the IRS.

Name of Authorized Representative of Organization	Position
Signature	Date
Contact Name of Rotary Club of Arlington Member Liaison	Phone