

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

<p>Application Deadline (select one)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Summer - August 23, 2018 <input type="checkbox"/> Fall - November 23, 2018 <input type="checkbox"/> Winter - February 21, 2019 <input type="checkbox"/> Spring - May 23, 2019 <input type="checkbox"/> Emergency Review Requested <p>The project will benefit persons in the following area(s) served by the Rotary Club:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arlington <input type="checkbox"/> Lakewood/Smokey Point <input type="checkbox"/> Darrington <input type="checkbox"/> Greater Stilly Valley 	<p>Has Your Organization Received a Grant from any Rotary Club in the last 2 Years? (including Rotary Club of Arlington)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <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 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.):

Project Description: Provide a brief summary of the project. What's your Organization's mission?. What's the desired outcome of the project? List any partnerships/collaborations with other organizations.

Project Objectives: Briefly describe the beneficiaries 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.

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

Total Expense Budget	\$	\$
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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

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 opportunity to include Rotary Club of Arlington volunteers?

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 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 communicate completion of the project to the Rotary Club of Arlington, and if asked, a financial verification.
<input type="checkbox"/>	I have attached a Board Disclosure form 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