

Marysville Rotary Club

INFORMATION AND DIRECTIONS TO REQUEST CHARITABLE SUPPORT

TO APPLY FOR CHARITABLE SUPPORT:

- Read the general guidelines below to determine if your organization or project will qualify for consideration.
- Note the time period an application must be received by for consideration.
- Complete FORM A and, using the three questions below, determine if you need to complete FORM B. Return the appropriate documents to: Marysville Rotary Club, P O Box 1875, Marysville, WA 98270.

GENERAL GUIDELINES:

- We will consider Arts, Music, Community and Cultural needs.
- We will consider community and culture-based activities.
- We will consider educational needs.
- We will **not** support an individual person or family.
- We will **not** provide support for a political candidate or organization.
- We generally do not fund memorials or endowments.

DEADLINE FOR RECEIPT OF APPLICATIONS:

- February 15th
- May 15th
- August 15th
- November 15th

- 1. ALL APPLICANTS MUST COMPLETE FORM A OF THIS PACKAGE.**
- 2. IF YOU ANSWER 'YES' TO ANY OF THE QUESTIONS BELOW, YOU MUST ALSO COMPLETE FORM B OF THIS PACKAGE.**

YES NO Is your organization's annual budget over \$50,000?

YES NO Is your request for \$2,500 or greater?

YES NO Does your organization have 501c(3) status?

Return to: PO Box 1875
Marysville, WA. 98270
Attn: Community Service Chair

Marysville Rotary Club

Charitable Grant Application

(Form A)

Legal Name of Organization

Federal Tax ID Number (if applicable)

Mailing Address

Amount of Request

City St Zip

Web Address

Telephone Number

E-mail Address

CEO, President

E-mail Address

Contact Person (if different than CEO or President)

E-mail Address

Geographic Area Served

Approximate Number & Ages of Persons Served Annually

Total # of Paid Employees Full Time Part Time

of Volunteers

Principal Purpose of Your Organization:

Please State the Specific Purpose of this Grant Request:

Has the Marysville Rotary Club funded programs for your organization in the past 5 years? If yes, Please describe

How will you measure the success of the program/project Marysville Rotary Club is being asked to fund?

How and when will you report back to the Marysville Rotary Club?

How will this program/project directly affect the Marysville community-Numbers of people served, etc?

ROTARY USE ONLY:

Project #: _____ Applicant Name: _____

Date Submitted: _____ Date Received: _____

Application Complete: _____

Notes regarding Application:

Committee Recommendation:

Board Decision:

Organization Notification Notes (How, to Whom):

Organization Scheduled for Presentation on Which Date:

Follow Up Report Scheduled For:

Additional Notes:

MARYSVILLE ROTARY CLUB

CHARITABLE GRANT APPLICATION

(FORM B)

1. **PROPOSAL SUMMARY:** One half page maximum.
Please summarize in a short paragraph the purpose of your organization. Briefly describe why your organization is requesting this grant, what outcomes you hope to achieve and how you will spend the funds if a grant is made.

2. **PLEASE RESPOND TO ITEMS A, B & C (5 pages maximum)**
 - A. **BACKGROUND** – Describe the work of your organization, addressing each of the following:
 1. A brief description of history and goals.
 2. The need or problem that your organization works to address and the population that your agency serves. Include geographic location, socio-economic status, race, ethnicity, gender and age group.
 3. Please describe current programs and accomplishments.
 4. Detail your organization's relationships – both formal and informal – with other organization working to meet the same needs or providing similar services. Explain how you differ from these organizations.

 - B. **FUNDING REQUEST** – Please describe the program for which you seek funding.
 1. If applying for general operating support, briefly describe how this grant would be used.
 2. If your request is for a specific project, please explain the project including:
 - A statement of its primary purpose and the need or problem that you are seeking to address.
 - The population that you plan to serve and how this population will benefit from the project.
 - Strategies that you will employ to implement your project.
 - The proposed staffing pattern for the project and the names and titles of the individuals who will direct the project.
 - Anticipated length of project. How the project contributes to your organization's overall mission.

 - C. **EVALUATION** – Please explain how you will measure the effectiveness of your activities. Describe your criteria for a successful program and the results you expect to have achieved by the end of the funding period.

3. **ATTACHMENTS** – Please label all attachments to correspond to the bold faced capitalized items below.
 - a. **Financial Information** – Please provide the dates that each document covers.
 1. Your **MOST RECENT FINANCIAL STATEMENT**, audited if available. This statement should reflect actual expenditures and funds received during your most recent fiscal year.
 2. **OPERATING EXPENSE BUDGETS** for the current and most recent fiscal year.
 3. A **LIST OF FOUNDATION** and **CORPORATE SUPPORTERS** and all **OTHER SOURCES** of income, with amounts, for your current and most recent fiscal year.
 4. Please list other foundations, corporations and sources that you are currently soliciting funding from.
 5. If you receive funds from United Way or other federated funds – please attach a list including amounts, for your current and most recent fiscal year.

 - b. **Other Supporting Materials.**
 1. A list of your Board of Directors, with their affiliations.
 2. A copy of your most recent IRS letter indicating your agency's tax exempt status. If not available, a written explanation.
 3. One paragraph resumes of key staff, including qualifications relevant to the specific request.
 4. Your organization's most recent annual report.

Please note – All supporting materials, pictures or documents will not be returned.