



Rotary Club of LeRoy

Community Reinvestment Funding Request

These are the criteria for businesses impacted by the COVID 19 crisis or any worldwide crisis under which they may qualify for a community reinvestment grant:

1. The business must be based and operated within the Town of Le Roy.
2. The business has been monetarily impacted by the COVID 19 or any worldwide crisis.
3. The business must have given back to the Town of Le Roy through community service by funding and/or volunteering labor within the past two years.
4. Rotarian business owners are not eligible for this program.

Name of Business: _____

Contact Phone _____ Contact email _____

Name of owner submitting proposal: _____

Contact information for owner:

Address: _____

City, State, Zip: _____

Phone _____ Email _____

Is this business incorporated? ___ YES ___ NO Employer ID Nr: _____

Is this business tax exempt with 501(c)(3) status? ___ YES ___ NO

If not, what type of business is it? _____

Amount of support requested: \$ _____

Briefly describe the impact on the business due to the COVID 19 crisis by responding to these questions:

1. What percentage of last year's annual revenue has been lost?
2. How many residents of the Town of Le Roy are employed by the business? Total employees?
3. Has the business been forced to lay off any employees? If so, how many?
4. For how many employees does the business provide health insurance?

5. Has the business applied or received a loan from the Small Business Administration within the last two years?
6. (Add other pertinent input below)

Brief describe the business' efforts to give back to the community of Le Roy by answering these questions:

1. What community service projects have the business participated in within the last two years?
2. What was the impact of the business' community service?
3. (Add other pertinent input below)

(Note that it is the responsibility of the person submitting this application to also submit a written report to the Le Roy Rotary Club within 30 days of completion of the project or within 12 months of the funding award, whichever is earlier. This report must include an accounting for the funds and a description of the outcome of the project.)

Why would the Le Roy Rotary Club would be interested in funding this proposal?:

If different from the information on Page One of this application, to whom shall the funding award check be written?

By my signature below, I confirm that I am an authorized member of the business declared on this form to submit a request for funding. I have fully described and disclosed all relevant information as requested. I agree that any funding received through this grant will adhere to the funding request policies as provided with such application. In the event that I am unable to provide a written record of the grant within a reasonable time, I agree to reimburse the Rotary Club of LeRoy for any undocumented or unauthorized expenditures. I also understand that, should this proposal be accepted, it is a one-time grant and re-application will need to be made for any additional funding for same or different grant in subsequent years.

Signature: _____

Printed Name: _____

Date Submitted: _____

Email this completed application to jdellison@gmail.com or mail completed application to:

Rotary Club of LeRoy
PO Box 141
Le Roy, NY 14482

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