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 **Good Works Fund**

**2022-2023 Grant Guidelines & Application**

Application updated 1/30/23

**Mission:**

The mission of the Good Works Fund is to support projects that address unmet needs in the area, with a priority Grand Traverse County.

|  |  |
| --- | --- |
| Granting priorities: Grants are available only to 501(c)(3) nonprofit organizations. Priority is given to organizations whose operating revenues do not come primarily from tax dollars. | Priority areas for funding: * Arts and culture
* Basic human needs
* Education
* Environment
* Health and safety
* Recreation
 |
| Funding is potentially available for: * Capital expenditures
* Equipment
* One-time special opportunities and events
* Start-ups and new projects
 | Funding is not available for: * Endowments
* Individuals
* Multiple years
* On‐going operating expenses
* Religious activities or programs
* Salaries
* Participation fees
* Sponsorships
 |

**Guidelines for Applicants**

* + Rotary Good Works grants are only available to nonprofit organizations. Awards cannot be made to individuals. Grants will not exceed $5,000.
* Good Works primarily funds projects located in and benefitting residents of Grand Traverse County. Priority is given to projects that have the broadest possible long-term impact in our service area.
	+ Applicants are encouraged to have alternative or additional funding sources in place prior to applying, and to include these plans in their application. Good Works grants never fund 100% of a project’s cost.
* Grants involving Traverse City Area Public Schools must be reviewed by the Superintendent’s office prior to submission.
* Rotary Good Works does not fund recurring programs. Our goal is to provide one-time funds to assist in start-ups, one-time projects, or special needs. We will not fund the same project a second time or approve repeat requests.

**Procedures for Applicants**

* + Applicants should review the Good Works priorities, guidelines, and procedures before completing the grant application form.
	+ Complete the application. Answers should be clear, complete, and concise. Include who, what, where, when and how. Do not leave anything blank. Do not exceed the space provided. Do not attach additional pages unless absolutely necessary.
	+ Submit the completed grant application form via email to GoodWorks@TraverseCityRotary.org by the applicable deadline.
	+ Applications received after the Good Works submission deadlines listed on the [Rotary website](https://www.traversecityrotary.org/page/good-works-grants) will be held over until the next committee meeting date.
	+ For further information, contact the Chair of the Rotary Club of Traverse City’s Good Works Fund Committee at GoodWorks@TraverseCityRotary.org

**After Your Application Has Been Submitted:**

* You may receive a call from a committee member seeking answers to questions about your proposal.
* Your application may be accepted, denied, or tabled for more information. The amount granted may be less than the amount requested.
* The Good Works Committee makes recommendations to the Rotary Club Board of Directors, and the Board makes final decisions on grant recipients and amounts.
* You will be notified as to the status of your application by email following the Board’s action.

**Follow Up:**

* The Good Works Committee may issue information to the media about its grant awards.
* Traverse City Rotary Club’s Good Works Fund grant recipients are required to submit a brief narrative report on the use and benefit of granted funds within 12 months of grant fund receipt.
* Grant recipients must provide photographs of the event or project for Rotary Good Works use.
* Grant recipients are expected to credit the Rotary Good Works Fund whenever possible.
1. **Nonprofit Organization Information**

Contact Information of Representative

First and Last Name: First and Last Name

Role with Organization: Role

Email: Email

Phone Number: Phone Number

Legal Name of the Nonprofit Organization Applying: Organization

Tax ID of Non Profit (EIN): Tax ID

Year Founded: Year Founded

Annual Operating Budget: Annual Operating Budget

Mailing Address (will be used to mail a check, if granted):

Attention/Care Of

Address Line 1

Address Line 2

City, State, Zip Code

Briefly describe your organization and its mission:

Click or tap here to enter text.

How did you hear about the Good Works Fund Grant?

Click or tap here to enter text.

1. **Project Summary**

Project Name: Project Name

Dates of Project: Project State Date Project End Data (if applicable)

Total Project Budget: Total Project Budget

Amount Requested: Amount Requested (Not to exceed $5,000)

**Funding Area (check all that apply):**

[ ]  Arts & Culture [ ]  Basic Human Needs

[ ]  Environment [ ]  Health & Safety

[ ]  Recreation

**Type of Project (check all that apply):**

[ ]  Capital Expenditure [ ]  Equipment Purchase

[ ]  One-Time Opportunity or Event [ ]  Start-Up or New Project

[ ]  Other (please describe): (please describe)

1. **Service Area and Populations Served**

How many people will be served by this project in the time period specified above?

Number of people served

Will this project serve populations outside of Grand Traverse County? Choose an item.

If yes, please list the counties that will be served by the project:

Counties served, separated by a comma

If yes, what percentage of your project’s beneficiaries will be Grand Traverse County residents?

%

**Populations Served (check all that apply):**

[ ]  Families [ ]  Seniors

[ ] Youth [ ] Under-Resourced Communities

[ ] Special Needs [ ] Veterans

[ ] General Population

1. **Project Description**

There are many needs in our community, and our funds are limited. In answering the following questions, please explain your project with facts and information that will help us understand your project, its scope and impact, and why your organization is deserving of Good Works funding.

What is the need or problem that this project seeks to address?

Click or tap here to enter text.

We prefer projects that provide the greatest benefit to more people, as well as those with long-term impact. What specific benefits will be achieved through this project? Can the project be replicated or expanded for greater reach?

Click or tap here to enter text.

What resources will be brought to bear on this project, and what planning has been done in its development?

Click or tap here to enter text.

What project evaluation methods are planned or in place? How will success be measured?

Click or tap here to enter text.

We encourage partnerships, through which projects may have a greater impact. How are you collaborating with or aligned to other organizations?

Click or tap here to enter text.

1. **Past Rotary Support**

Has your organization previously requested funding from the Good Works Fund? If so, when?

Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Amount | Rotary Organization | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |
| mm/dd/yy | $ Amount | Select | Project Name/Purpose |

1. **Project Budget**

Total Project Budget: Total Project Budget

Amount Requested: Amount Requested (Not to exceed $5,000)

**Grant Budget Table**

1. Time period this budget covers: Click or tap to enter a date - Click or tap to enter a date
2. Expenses (Do not include salaries)

|  |  |  |
| --- | --- | --- |
|  | Amount Requested from Rotary Good Works Fund | Total Project Expense |
| Equipment | $ Amount Requested | $ Line-Item Total |
| Supplies | $ Amount Requested | $ Line-Item Total |
| Professional Fees/Outside Speakers | $ Amount Requested | $ Line-Item Total |
| Travel | $ Amount Requested | $ Line-Item Total |
| Printing/Postage | $ Amount Requested | $ Line-Item Total |
| IT/Technology | $ Amount Requested | $ Line-Item Total |
| Attendance Fees/Scholarships | $ Amount Requested | $ Line-Item Total |
| Rent | $ Amount Requested | $ Line-Item Total |
| Utilities | $ Amount Requested | $ Line-Item Total |
| Maintenance | $ Amount Requested | $ Line-Item Total |
| Evaluation | $ Amount Requested | $ Line-Item Total |
| Marketing | $ Amount Requested | $ Line-Item Total |
| Other: Please Describe | $ Amount Requested | $ Line-Item Total |
| **Total** | **Total Amount Requested** | **Total Project Expense** |

**Please specify what other sources of funding will contribute to the total project cost.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Amount | Donor/Funding Source | Pending/Received |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |
| mm/dd/yy | $Amount | Donor/Funding Source | Choose an item. |

Will the project proceed if this grant is not received, in whole or in part? Through what means?

Click or tap here to enter text.

If this is not a one-time project, how will it be funded after the grant period?

Click or tap here to enter text.

**Submission**

**Please type your name to indicate intent to submit this grant request:**

Authorized Officer’s First and Last Name

**Date of application:** Click or tap to enter a date.

**Traverse City Area Public Schools only:**

[ ] This application has been reviewed and approved by the Superintendent

Approving Superintendent’s First and Last Name

**Date of approval:** Click or tap to enter a date.

**After completing the application, please submit via email (****GoodWorks@TraverseCityRotary.org****) to the Traverse City Rotary Club Good Works Committee Chair. Your application will be assigned to a committee member for review and investigation prior to the next upcoming committee meeting. Recommendations will be made by the Committee to the Board. Decisions will be communicated via email, along with any conditions of a grant. If funded, a check will be mailed to the mailing address entered on this application.**