

DRYDEN ROTARY CHARITY FOUNDATION

The Dryden Rotary Charity Foundation (**DRCF**), in conjunction with the Rotary Club of Dryden and with assistance from the Rotary Club of Sioux Lookout, is working to benefit the residents of Dryden and other communities in the area. DRCF receives the bulk of its funds from the proceeds of Radio Bingo operated on CKDR in Dryden. The income is distributed as grants to registered charitable organizations or charitable non-profit organizations that primarily benefit the citizens of Dryden and the surrounding communities.

To be eligible to receive funds, your organization must first have charitable purposes and objectives that fall within one of the four classifications of a charity:

- A. The Relief of Poverty
- B. The Advancement of Education
- C. The Advancement of Religion
- D. Other Charitable Purposes Beneficial to the Community, not falling under A, B, or C.

This may include:

- arts and cultural activities;
- cultural, ethnic, native, historic or heritage pursuits;
- the improvement of the quality of health through medical research;
- treatment programs and preventative programs;
- youth sporting activities and
- community projects undertaken by service organizations.

Your organization must also demonstrate that you have carried out charitable activities consistent with your mandate, and provide a direct benefit to Ontario residents, for a minimum of one year.

We may also request that you submit a copy of your formal documents which constitute your organization including Letters Patent, constitution, and/or memorandum of association.

Informal associations that have not adopted formal written constituting documents are not eligible.

DRCF reviews applications three (3) times per year (usually February, May and November).

Applications can be mailed to -- DRCF at P.O. Box 514, Dryden ON P8N 2Z2 or can be sent electronically to [<drcfsecretary@drydenrotary.org>](mailto:drcfsecretary@drydenrotary.org)

Please forward your information on the DRCF Application form as early as possible. It will be discussed at the next scheduled meeting.

You are free to provide additional material with your application or we may request supporting documentation in order to properly assess your application.

The Board of Directors will meet to make a decision on your application, and you will be notified, in writing, of the decision.



DRYDEN ROTARY CHARITY FOUNDATION (DRCF) APPLICATION

About your organization:			
Name: _____			
Mailing address: _____			City _____
Postal Code: _____	Phone: _____	Fax: _____	
Charitable Registration #: _____	Date of Incorporation: _____	BN # (if not incorporated): _____	
Organization Annual Budget: \$ _____			
Employees: _____	Full Time: _____	Part Time: _____	Volunteers: _____
Contact person for Application: _____			Position: _____
Phone: _____		Email: _____	
About Grant Application:			
Title: _____			
Sector(s):			
<input type="checkbox"/> Arts	<input type="checkbox"/> Education, Learning	<input type="checkbox"/> Alleviate Poverty	<input type="checkbox"/> Environmental, Conservation
<input type="checkbox"/> Culture	<input type="checkbox"/> Recreation, Leisure	<input type="checkbox"/> Health, Wellness	<input type="checkbox"/> Other
Target Population: <i>(check all that might apply)</i>		Gender:	Female _____ % Male _____ %
Age Group: <input type="checkbox"/> 10 & under <input type="checkbox"/> 11 – 18 <input type="checkbox"/> 19 -64 <input type="checkbox"/> 65 & older			
How many people will benefit from this initiative? _____			
Total Cost: \$ _____		Amount requested from DRCF: \$ _____	
Are funds from any other source confirmed?		If so, how much: _____	
How would grant be used: (check all that apply)			
<input type="checkbox"/> Purchase of Equipment	<input type="checkbox"/> Travel	<input type="checkbox"/> Marketing	<input type="checkbox"/> Programming <input type="checkbox"/> Other
Explain: (Attach additional sheet if more space is required)			
Start date of initiative: _____		Date grant needed: _____	
Authorization: To be approved by 2 officers of Board of Directors of the Applicant verifying that the information listed is correct:			
x _____	_____	_____	_____
Signature:	Print Name	Position	Date:
x _____	_____	_____	_____
Signature:	Print Name	Position	Date:
Applicants are encouraged to attach support documentation in addition to this form as they deem appropriate			