**Rochester Rotary Charities, Inc.**

**Grant Application Form**

(this document can be downloaded from   
<https://www.rochesterrotaryclub.org/page/grant-application> )

*[Complete this application by placing your cursor in the middle of the underlined area and enter your information]*

**Date of Request:**   .

Name two Rotarians that are sponsoring this application:  and  .

Organization Name:  .

Organization Address:  .

Organization Type:  Public  Private  Community Service  School  Nonprofit

Federal Tax Exempt?  Yes  No If yes, indicate Tax Exempt Number:  .

Your project’s name:  .

Provide a brief explanation of the current situation (The need - Where, What situation(s) exist and to what degree, Who is impacted, etc.)  .

Provide a brief explanation of the expected objective/result this financial support will create when this project is completed (What difference will this project make - quantify and qualify the differences as well as provide any other information you are excited about?)  .

If other collaborating organizations are associated with this specific project, please identify these organizations and include their letters of support.  .

What is the cost of this Project?  . Provide a concise, itemized budget for your project.

* **.**

If there is a sub-project within this larger project that our grant would specifically be applied to, please describe this sub-project:  .

What is the amount of the grant you are requesting?  .

When would these funds be required to support your proposed project or sub-project to be implemented? from  . to  .

How will Rotarians be involved?  .

Explain how this project or sub-project aligns with one or more of the “**Seven Areas of Focus**” *(Water and Sanitation, Disease Prevention and Treatment, Maternal and Child Health, Basic Education and Literacy, Economic and Community Development, Peace and Conflict Prevention/ Resolution – see previous document)*  .

Identify how you will support Rochester Rotary’s efforts through your constituency and network? .

Signing of this document indicates that you have read and will comply with the “Terms, Conditions, and Application Instructions” stated in this Grant Application Package.

Contact person:  . Title:  .

(if different than the Executive Director)

Phone #1:  . Phone #2:  . email:  .

Executive Director:  . email:  .

Phone #1:  . Phone #2:  .

Signature, Executive Director: Date:

After your Grant Application has been received, reviewed, and evaluated, your organization will receive a follow up call from a Charities Board member to discuss your application.