

**Rotary Club of Greater Flint Sunrise**

**2024 Grant Application**

February 2024

Thank you for your interest in applying for a 2024 Greater Flint Sunrise Rotary grant. For over thirty years, the Rotary Club of Greater Flint Sunrise has partnered with non-profit organizations to improve the **quality of life for youth residing within Genesee County.**

This year we are accepting grant applications from organizations that are committed to serving historically underserved children and youth and their parents/caregivers who are facing challenges in their homes, schools and communities. If the mission of your organization is committed to this purpose, we invite you to submit a grant application to support your efforts in achieving your goal.

Please complete the following grant application to tell us about your organization and share your goals for serving the youth in your community.

Application guidelines and information:

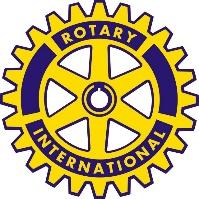
1. The full application should not exceed three (3) pages
2. Project must be conducted between July 2024-June 2025
3. Grants will be awarded for proposed project only
4. Grant dollars may not be used for expenditures incurred prior to or following the project dates
5. Grant awards typically range between $500 - $1,000
6. As a condition of a grant award, you may be contacted by a representative of the Sunrise Rotary Club to provide an update of your project in writing or by presenting at a membership meeting.

**APPLICATION DEADLINE**

**Applications must be received via email sent to the attention of the**

**Grant Committee Chair,** [**sunriserotaryflint@gmail.com**](mailto:sunriserotaryflint@gmail.com) **by**

**5:00 PM, Friday, April 26, 2024**



**Rotary Club of Greater Flint Sunrise**

**Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Organization Began Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Website Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please List Two References for Agency Verification:**

1. **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Requested: \_\_\_\_\_\_\_\_\_\_**

**1. Project Description:**

1.1 Please provide a brief description of the proposed project and how this grant would be used within the project.

1.2 Describe the community need for this project.

1.3 Describe the population to be served including the number and age of youth served; and specific challenges faced in their home, school or community environments. The population served can also include parents/caregivers.

1.4 Define what community/communities will be served.

1.5 Describe the desired outcomes and impact of this project.

1.6 How will your project address diversity, inclusion, and equity challenges in your community?

**2. Budget**

2.1 How will Sunrise Rotary dollars be spent? Please itemize.

|  |  |  |
| --- | --- | --- |
| **Line Item** | **Sunrise Rotary Funding** | **Description** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** | **$** |  |

2.2 Identify other sources of funding that will be used to support this project.

2.3 How will this project be financially sustained after the grant has been expended?

**3. Alignment:**

3.1 Organization Mission Statement

3.2 Why does your organization believe that Greater Flint Sunrise Rotary should support this project?

3.3 Please describe in-person volunteer/service opportunities for Sunrise Rotary members to support the implementation of your proposed project.

**PLEASE SUBMIT GRANT VIA EMAIL TO THE ATTENTION OF:**

**Grant Committee Chair**

[**sunriserotaryflint@gmail.com**](mailto:sunriserotaryflint@gmail.com)

**GRANT SUBMISSION DEADLINE:**

**5:00 PM, Friday, April 26, 2024**