#

2019-2020 COMMUNITY GRANT APPLICATION

The Rotary Club of Des Moines engages leaders who see our community and the world as a place where our service creates *transformative impact and lasting change*. To this end, the Club will be awarding up to $40,000 grant funds annually to charitable project/s that contribute to transformative impact around relevant and current challenges impacting the greater Des Moines metro community.

**FOCUS AREAS**

The Club is seeking proposals from charitable projects that seek to support *children*, *seniors*, *veterans* or *persons with disabilities;* applicants will be asked to address one or more of these areas. Please note, camperships and scholarships are currently funded through the Rotary Club of Des Moines Foundation and therefore are not eligible for this grant program.

**GRANT AMOUNT**

It is anticipated that the Club will be awarding 1-2 grants annually ranging from $10,000 to $40,000; the total amount of grant funds awarded will not exceed $40,000 per calendar year. This grant program should be considered as a one-time funding source; any additional, ongoing funding/ maintenance needs should have other funding. In addition, the Club wants to make a significant contribution to the project and is seeking opportunities to make a significant or entire investment in a project as opposed to a smaller, pooled contribution.

**GRANTEE ELIGIBILITY**

The Club is accepting proposals that meet the following criteria:

* Submissions by a 501(c)(3), tax-exempt, nonprofit organization or unit of government/school for a charitable purpose.
* The project must support one or more of the following populations: *children*, *seniors*, *veterans* or *persons with disabilities.*
* The project must take place in and benefit the greater Des Moines metro community.
* The project and expenditure of funds must occur in 2020.
* Program and capital requests may be submitted for consideration; however, because this is a one-time grant, preference is given to funding of capital assets.

**APPLICATION TIMELINE & SUBMISSION INFORMATION**

The signed and completed proposal must be received by the RCDM office on Tuesday, September 3rd by 4 p.m. The Community Grant Award Ceremony will take place at the RCDM luncheon on Thursday, December 12th at noon at the Wakonda Club. Completed applications should be emailed to rotary@rotaryclubofdesmoines.org.

WE RESERVE THE RIGHT TO ASK FOR ADDITIONAL INFORMATION. THE FINALISTS WILL BE ASKED TO DO A FACE TO FACE INTERVIEW SOMETIME IN OCTOBER.

Please note that this application is a Word document. The fillable properties are designed for use in Word only. You will need to download the application, complete it, save it as a PDF, then email to rotary@rotaryclubofdesmoines.org

## Applicant Information

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| --- | --- | --- | --- |
| Organization:  | Click here to enter text. | Date: | Click here to enter a date. |

|  |  |
| --- | --- |
| Address: | Click here to enter text. |
|  | Street Address |

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|  | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | City | State | ZIP Code |

|  |  |
| --- | --- |
| Contact Person:  | Click here to enter text. |

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| --- | --- | --- | --- |
| Contact Phone:  | Click here to enter text. | Contact Email: | Click here to enter text. |

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| EIN Number: | Click here to enter text. |[ ]   |
|  | Used to verify 501(c) (3) eligibility status | Check if unit of government/school |  |
| Website:  | Click here to enter text. |

## Project Information

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| RequestedAmount: | Click here to enter text. |  |  |
|  | Maximum grant amount is $40k |  |  |

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| Qualifying Project Categories: |[ ]  Community Assistance/Improvement |  |[ ]  Education/Literacy |  |[ ]  Children/Senior Programs |
|  |[ ]  Health & Welfare |  |[ ]  Veterans’ Assistance |  |[ ]  Des Moines Area-Based |

Provide estimated length of time to complete the project: (date-date)

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## Project Description

1. Describe the mission and vision of the requesting organization; please include information on key programs.

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2. Provide an executive summary/description of the project. If it is a collaborative effort, include references to partners and their roles in implementation.

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3. Describe the community need/problem that the project addresses.

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4. Describe how the intended beneficiaries will be impacted through funding from the Club.

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5 How have the voices/input of those served been included in the process of developing and/or implementing this project?

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6. Describe any opportunities for the Club to be involved in the project now or in the future. Include information on how RCDM may be recognized for grant support (naming opportunities, social media, etc.)

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| Click here to enter text. |

7. Attach OR SUMMARIZE the budget of the project that includes the following:

1. Any other funding sources for the project (Club funds can be up to the total project budget)
2. Overall project expenditures
3. Include specific details on how Club funds will be used.
4. If the request is to complete a larger project, please provide specific details on the portion of the project Club funds will be used for (Example: If you are raising money for a park and you request that Club funds pay for the playground equipment.)

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| Click here to enter text. |

## Disclaimer and Signature

The authorized representative signing the grant application submitted by an organization (the “Applicant’) to the Rotary Club of Des Moines (“RCDM”) Grants Committee verifies that all information provided in connection with the application is truthful, accurate and complete.  The RCDM Grants Committee reserves the right to request verification of all information provided to it.

The form of the application and any guidelines, criteria or other information provided to the Applicant by or on behalf of the RCDM Grants Committee is intended solely to assist the RCDM Grants Committee in evaluating grant requests submitted to it and does not constitute a promise, contract or expectation that any grant award will be made to an Applicant.  The recipient, amount and any conditions imposed in connection with the awarding of a grant to any Applicant is in the sole discretion of the RCDM Grants Committee.

I certify that my answers are true and complete to the best of my knowledge.

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| --- | --- | --- | --- | --- | --- |
| Authorized Signature:  | Click here to enter text. | Printed Name/Title: | Click here to enter text. | Date: | Click here to enter a date. |

When completed, save a copy of the application for your records and email to: rotary@rotaryclubofdesmoines.org

Questions may be directed to:

Kitte Noble

Executive Director

The Rotary Club of Des Moines

4214 Fleur Dr., Suite 5

Des Moines, IA 50321

515-244-6028

rotary@rotaryclubofdesmoines.org