

ROTARY CLUB OF JEFFERSON GRANT APPLICATION

Please read the Rotary Club of Jefferson’s Grant Policies and Guidelines before completing this application.

Complete each section with special attention to accuracy. Please attach additional information as needed. **GRANT APPLICATION DEADLINE IS MARCH 31, 2024.**

Applicant Information:

Name of Organization: _____

Mailing Address: _____

Contact Name & Title: _____

Telephone number of contact: _____

Email Address of contact: _____

What is your organization’s IRS non-profit determination? _____

(A copy of your IRS Letter of Determination may be required before donation is approved.)

Project Information:

1. Project Name: _____

2. Grant Amount Requested: \$_____ Total Project Cost \$_____

3. Briefly describe your project and the **specific purpose** for which funds are requested:

(Attach price quotes for any equipment purchases or services and any other supporting documentation, such as diagrams, drawings, photos, etc., that may help describe the nature of your project. *Please note: Consideration will be given to projects using local suppliers and/or contractors.*)

4. Under which Rotary Area of Focus does your project qualify? *(Please check all that apply.)*

Basic Education & Literacy

Peacebuilding & Conflict

Resolution

Water, Sanitation & Hygiene

Community/Economic

Development

Environment

Maternal & Child Health

Disease Prevention

5. What specific geographic area will this project benefit: _____

6. Describe the specific community benefit or outcome that will result from this project:

7. Estimate the number of people that will benefit from this project: _____

8. What are the anticipated start and finish dates of this project? _____

9. When are the funds needed? _____

10. List any Jefferson Rotarians involved in this project or organization: _____

11. How will the Rotary Club of Jefferson's grant be acknowledged or promoted by your organization? _____

12. Name of Jefferson Rotarian sponsoring your grant application:

13. Do you agree to send a representative from your organization a Grant Award event (date and time TBD)? Yes _____ No _____

14. Have you requested funds from other charitable sources for this project?

Yes _____ No _____

If so, list others to whom you have applied for support and the grant amount requested:

15. Will your project be completed if the full amount of funds requested is not

awarded? Yes _____ No _____

16. Do you agree to return any funds not used for the purposes outlined in this grant?

Yes _____ No _____

Applicant Certification:

I am an authorized representative of the applicant organization and agree to use the funds for the specific purpose stated in this application.

Name: _____ Title: _____

Signature: _____ Date: _____

Please RETURN completed application to:

Rotary Club of Jefferson, PO Box 105, Jefferson, IA 50129 or drop off at County Attorney's Office, C/O Thomas Laehn in the Greene County Courthouse.

NOTE MARCH 31, 2024 DEADLINE!

Questions? Contact Susan Laehn at 515-370-5883

For Rotary Club of Jefferson use:

Yes If "Yes", grant amount \$ _____

No If "No", reason _____

Signature of Rotarian _____