

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 28, 2025.**

Applicant Information:

Name of Organization:

Mailing Address:

Contact Name & Title:

Telephone: _____

Email Address: _____

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: \$ _____

3. Total Project Cost \$ _____

4. 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.*)

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

- | | |
|-------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Saving Mothers & Children | <input type="checkbox"/> Promoting Peace |
| <input type="checkbox"/> Supporting Education | <input type="checkbox"/> Fighting Disease |
| <input type="checkbox"/> Providing Clean Water,
Sanitation & Hygiene | <input type="checkbox"/> Growing Local Economies |
| | <input type="checkbox"/> Protecting the Environment |



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

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

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

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

10. When are the funds needed?

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

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

13. Name of Jefferson Rotarian sponsoring your grant application:

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

15. 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 Mumma & Pedersen, C/O Jonathan Law, 114 S Wilson, Jefferson.
OR via email: jeffersoniarotary@gmail.com
NOTE MARCH 28, 2025 DEADLINE!**

Questions? Contact Jonathan Law at (515) 386-8198.

For Rotary Club of Jefferson use:

Yes If "Yes", grant amount \$ _____

No If "No", reason _____

Signature of Rotarian _____