



Impact Grant Application

**INFORMATION ABOUT YOUR ORGANIZATION:**

ORGANIZATION NAME: \_\_\_\_\_

FEDERAL TAX ID NUMBER: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

ADDRESS (WHERE A RESPONSE COULD BE MAILED): \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

GENERAL DESCRIPTION OF THE ORGANIZATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF THE PROJECT OR PROGRAM: \_\_\_\_\_

\_\_\_\_\_

OPPORTUNITY OR CHALLENGE YOUR PROJECT ADDRESSES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ESTIMATED TOTAL COST OF PROJECT: \_\_\_\_\_

AMOUNT REQUESTED OF NORTH SCOTT ROTARY: \_\_\_\_\_

PLAN FOR SUPPLEMENTAL FUNDING (IF NOT FULLY FUNDED): \_\_\_\_\_

---

---

SUPPORT TYPE (What will the Grant Funds be used to do?): \_\_\_\_\_

---

---

NORTH SCOTT ROTARY COLLABORATION DETAIL: \_\_\_\_\_

PLEASE ATTACH A 1-2 PAGE DESCRIPTION OF THE PROJECT OR PROGRAM ALONG WITH ANY SUPPORT MATERIAL INCLUDING BIDS, SCHEMATICS, AND A BUDGET.

State problem addressed by the program or project and describe the need for the service.

Describe the goals and objectives of the program or project.

1. Describe the nature of the service to be offered and the activities which will be conducted to carry out the program or project.
2. Provide estimates of the number of people to be served in the Quad Cities area.
3. Describe how you will evaluate the success of the program or project.
4. Describe how you plan to recognize the North Scott Rotary Club (i.e. plaque, sign, etc).

Please Submit to:

[NSRotaryImpactGrant@gmail.com](mailto:NSRotaryImpactGrant@gmail.com)

**DEADLINE TO SUBMIT APPLICATION IS FRIDAY, DECEMBER 22, 2023**