



Rotary Club of Surprise Community Foundation
TASTE OF SURPRISE
Non-Profit Organization Grant Application

Date of Request: _____

Organization Requesting Funding: _____

Mailing Address: _____

Contact Person: _____ Title _____

Email Address: _____

Phone Number: _____

Organization's 501c3 Tax ID: _____ Year Established: _____

Gold Star or Charity Navigator rating [if available]: _____

Instructions:

1. All questions must be filled out completely to be considered for the grant.
2. Read the note and disclaimer at bottom of form.
3. Form must be signed and dated upon submission for consideration.

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SECTION 1: *Area Served*

1.1 Which of the following categories does this request fall under? [Please explain]

- ☐ Capital Improvements
- ☐ Equipment
- ☐ Program
- ☐ Other

1.2 How does your charity serve Surprise and the immediate surrounding area?

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SECTION 2: *Grant Description*

2.1 Brief description of the project.

2.2 Results you plan to achieve.

2.3 Who does the project serve?

2.4 How would your organization be impacted if Grant is awarded?

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SECTION 3: Marketing

3.1 If approved would you be willing to recognize our grant in your newsletter or other promotional materials?

Yes No

If yes, please name them

3.2 If approved would you be willing to recognize our grant on your website and/or social media pages with a link to the Rotary Club of Surprise and Taste of Surprise? Yes No

3.3 If approved would you like the Rotary Club of Surprise to include a link to your website?

Yes No

If yes, please provide website address

NOTE: This is a volunteer run event and as such you are expected to work with the Taste of Surprise committee. This includes helping with ticket sales, marketing through your organization and providing volunteers for the event. We also request that one person represent your organization at our planning meetings.

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DISCLAIMERS:

1. Approved grant selection must receive final approval from the Rotary Club of Surprise Foundation.
2. No one Member of the Rotary Club of Surprise can promise, commit or approve a Grant request.
3. Any missing or incorrect information may cause the Grant application to be eliminated from the selection process.
4. I certify that these funds will be utilized for the purposes stated and not be deposited into a general operating fund.
5. No Grant applications will be accepted after the deadline date of July 13.

I acknowledge that I have completed the Grant application, read the disclaimers and I am aware of the requirements if approved for the Rotary Club of Surprise Community Foundation Grant. I acknowledge that all decisions made by the Rotary Club of Surprise Community Foundation are final.

Organization's Representative: _____

Date:

Rotary Club of Surprise Community Foundation
PO Box 7248
Surprise, AZ, 85374
501c3 Foundation Tax ID No. 51-0579894