



ROTARY CLUB OF TRAVERSE BAY SUNRISE FOUNDATION

WEB: WWW.TCSUNRISEROTARY.ORG

E-MAIL: TCSUNRISEROTARYGRANTS@GMAIL.COM

Grant Application Cover Sheet

Date of Application: _____

Legal name of organization applying: _____

Contact Person: Name/ Title/ Address/ Phone number/E-mail/Fax:

Chairperson: Name/ Title/ Address/ Phone number/E-mail/Fax:
(If different from above)

List any previous support from Traverse City Rotary Organizations in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project: _____

Total Project Cost: \$ _____ Amount Requested: \$ _____

Chairperson

Date

Typed Name and Title

Supporting Information

Statement of Need/Description of Problem: *(attach additional sheet if necessary)*: _____

What specific benefits do you expect will be received through this project? How will you measure the outcome?

How many people will be served in the time period of this project? _____

Geographic Area Served: _____

Note: If you receive financial assistance from the Rotary Club of Traverse Bay Sunrise Foundation you will be required to adhere to our grant authorization agreement which includes the following terms:

- 1. Your organization will give a presentation to the Rotary Club of Traverse Bay Sunrise Foundation within the next 12 months.**
- 2. If funds are not used within 12 months for the approved project they must be returned to the Rotary Club of Traverse Bay Sunrise Foundation.**

Grant Budget

A. Time period this budget covers: _____

B. Expenses (No salaries are to be included.)

	Amount requested from the Foundation.	Total project expense.
Equipment		
Supplies		
Professional Fees/Outside Speakers		
Travel		
Printing/Copying/Postage/Delivery		
Telephone & Fax		
Student Attendance Fees/Scholarships		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other (specify)		
Total		

C. Revenue

Specify below the other sources and amounts that will contribute to the total project cost.	
Source	Amount

Grant Evaluation

A. Traverse Bay Sunrise Foundation will use the following evaluation criteria:

- Does this request meet TB Sunrise Rotary's stated mission/vision goals?
 - 1) *Improving the lives of local youth through need-based projects*
 - 2) *Improving families and communities through life-sustaining fresh water*
 - 3) *Advance world understanding, goodwill, and peace through the improvement of health*
 - 4) *The support of education*
 - 5) *The alleviation of poverty*
- Are intended outcomes clearly identified?
- Is the budget realistic to accomplish the proposed goals?
- How will the grant funds impact the community?
- If ongoing, is the project sustainable?

B. Grant cycle – applications must be received by SEPTEMBER 30.

C. Completed applications can only be submitted electronically to:

tcsunriserotarygrants@gmail.com

If you have application questions, please email:
tcsunriserotarygrants@gmail.com