

Rotary



Rotary Club of Willmar

P.O. Box 294

Willmar, MN 56201

FUNDING APPLICATION

The intention of the Willmar Rotary Foundation is to support programs that align with our areas of focus regarding local, national and international issues. Funding is generated by the fundraising efforts of the Willmar Rotary Club and allocations of funds are intended to assist other organizations in addressing the following needs:

- Education
- Food
- Shelter
- Health and Safety
- Clothing and Basic Needs
- Youth

Charitable contributions from the Willmar Rotary Foundation will be awarded based on the following criteria:

PROGRAM SPECIFIC - Donations should be made for predefined needs and specific programs – unspecified use of Rotary funds is not acceptable and funding is designated for programs/projects (no general operations, salaries, administrative and maintenance costs).

CHARITABLE - Requests are considered for associations, groups, and organizations that request aid for the group benefit as a whole and that is clearly philanthropic in nature. Private, individual requests or requests that will benefit only single individuals will be denied.

LONG-TERM - Requests for long-term, extended and/or pledge-style donations will be kept to a minimum, and the committee will focus on one-time donations to eliminate financial commitments in future years.

LOCAL – Requests for funds being used locally to meet the needs of the Willmar Community will be given priority over funds that will impact areas outside of the local community.

TIMELINES

All requests for support will be processed through the Willmar Rotary Foundation Board of Directors. All applications will be reviewed and approved or denied on a bi-annual basis at the board meetings in August and February.

“Time-sensitive” endorsements may be considered at the Board’s discretion and all requests for such funding will be made by similar format. All applications must be received by January 31st to be considered in February or July 31st to be considered in August.

MAILING INFORMATION

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P.O. Box 294

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Name of Organization: _____

Program Title: _____

Is this a new program? YES NO

Is this a continuation of a program? YES NO

Amount Requested: _____ Total cost of program: _____

In 20 words or less describe how the funds will be utilized:

Description of Program:

Signature of Applicant

Date

Contact Person _____

Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

E-mail _____

FOR INTERNAL USE:

Date Received _____

Funding Cycle: July January

Outcome of request: Approved Denied

Check # _____ Date _____

Signature of Club President _____ Date _____