

# Rotary



**Rotary Club of Willmar**

P.O. Box 294

Willmar, MN 56201

## **FUNDING APPLICATION**

The intention of the Willmar Rotary Club 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 Club 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 Board of Directors. All applications will be reviewed and approved or denied on a bi-monthly basis at the board meetings in July, September, November, January, March and May. "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 the 1<sup>st</sup> day of the month of which the meeting is to be held (July 1<sup>st</sup>, September 1<sup>st</sup>, etc.) in order to be considered during the next cycle.

### **MAILING INFORMATION**

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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    Sept    Nov    Jan    Mar    May

Outcome of request:    Approved     Denied

Check # \_\_\_\_\_ Date \_\_\_\_\_

Signature of Club President \_\_\_\_\_ Date \_\_\_\_\_