



THE ROTARY CLUB OF SKOKIE VALLEY FUND ALLOCATION FORM

The Rotary Club of Skokie Valley and its affiliated foundations invite proposals for contributions to bona fide charities and worthy individuals needing assistance. The Club requests that any individual or organization seeking funding complete this form. It can be returned to any Rotarian, or mailed to **Rotary Club of Skokie Valley Attn. Carolyn Anthony P.O. Box 424 Skokie, IL 60077.**

Clearly mark the envelope FUND ALLOCATION FORM

Preference will be given to charities or individuals with strong ties to one or more of our communities (Skokie, Lincolnwood, Niles) and Morton Grove). Preference will also be given to causes which involve individual Rotarians as volunteers, and which provide unique programs or services. Those receiving grants, which may be renewable, should be prepared to report to the club regarding the results and effectiveness of the contribution.

Requesting Organization: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____ **Fax:** _____

Name/title of person completing this application: _____

Name/title of contact person: _____

Tax Status: 501 (c) (3) yes/no 509 (a) yes/no Municipal Gov't. yes/no School yes/no Park District yes/no other gov't. agency yes/no (explain yes): _____

If no to all above, how do you qualify for charitable donations? _____

List Skokie Valley Rotarians actively involved in your organization, with offices held, if any: _____

Percentage of organization budget from taxes _____ **United Way** _____

Percentage of budget for this specific project from taxes _____ **United Way** _____

Briefly describe the project. You may continue on forms, announcements, or other materials: _____

Is the organization eligible for matching funds for this project? Yes/no If yes, from where: _____

Have you applied for other grants for this project? yes/no Received any? Yes/no (Attach details): _____

Approximate budget for this project? _____ (Attach details)

Prior year actual budget, if repeat project? _____ - (Attach details)

Number of Professional staff members: _____ **Volunteers:** _____ who will be involved with the project.

How will this project be evaluated? _____ (Attach prior year evaluation, if any.)

Approximate percentage of total population, which will benefit from this grant living in Skokie: _____ **Lincolnwood:** _____

Niles: _____ **Morton Grove:** _____ **Other communities:** _____

What other ties to one or more of these communities exist? _____

Services offered by your organization (check all that apply): Arts and Culture ___ Civic/economic development ___

Education ___ Environment ___ Health ___ Human Services ___ Parks/recreation ___ Seniors ___ Youth ___

Does the organization have a policy against discrimination based on race, religion, color, creed, sex, or national origin? yes/no (Explain): _____

Amount requested: _____ **Desired payment date:** _____

Signature of Applicant: _____ **Title:** _____ **Date** _____

THIS APPLICATION ALONG WITH OTHER DOCUMENTS MUST BE TURNED IN BY APRIL 25, 2018