



# Rotary Club of Elk Grove Village

## **Request for Financial Support Guidelines**

Each Rotary year, the Rotary Club of Elk Grove Village Community Services Committee and Board of Directors considers requests for financial support. The Committee and Board will evaluate any requests as consistently and objectively as possible, and consistent with the expressed priorities of the Club. Please review the general guidelines listed below when considering your financial support funding request.

### 1. Timeliness:

To be considered for financial support during the current Rotary year ending June 30, you must submit your request no later than May 15.

### 2. Humanitarian Requests:

Requests benefitting basic human needs including food, water, shelter, and safety will be given higher priority.

### 3. Local Focus:

Equivalent requests will be prioritized based on proximity to our community. Programs should have a proven positive track record.

### 4. Avenues of Service:

Requests should be identified with respect to one of the following four avenues of service: Youth Service, Community Service, International Service and/or Vocational Service. More than one avenue of service may be identified in the request.

Generally, financial support will not be provided to for-profit organizations or groups, individuals, projects or programs that receive the majority of their funding from taxes (except some educational programs), ticket purchases, event sponsorships, or programs that benefit individuals/communities outside the club's service area.

Please direct any questions to Dawn Cunningham at [choc63@aol.com](mailto:choc63@aol.com), 847-707-6492 or MaryEllen Larson at [MaryEllen.Larson@amitahealth.org](mailto:MaryEllen.Larson@amitahealth.org), 847-354-1523.



# Rotary Club of Elk Grove Village

## Community Service Request for Financial Support

Please complete this form and submit with supporting documents to:  
Community Service, Rotary Club of Elk Grove Village, P.O. Box 326, Elk Grove Village, IL 60007

Name of Organization \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Program Purpose:** Please outline the mission for the specific program/service for which you are requesting financial support.

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**Program Description:** Please describe the program or service. Please highlight benefits to the community. Attach additional sheets if necessary.

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**Program Budget:** Please list the specific cost for this program, along with the total budget for your organization. Also indicate other sources of income for your organization with approximate percentages, including the percentage of income from the Rotary Club of Elk Grove Village, should your requested be approved. Attached additional sheets if necessary.

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**Request Amount:**

Maximum amount needed to sustain this program:	Realistically, to properly administer this program requires:	The program could still provide a scaled back service if we receive at least:
\$	\$	\$

*Each year, the Rotary Club of Elk Grove Village hosts a fest. This fest generates the funds which provide financial support for community services and programs. Is your organization available to provide volunteers to the Rotary Club for our festival? Yes \_\_\_\_\_ No \_\_\_\_\_*

*Comments:*

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**FOR ROTARIAN USE ONLY**

<b>Committee Approval</b>
Date:
Committee Comments:
Resubmit Date:
Committee Approval:
<b>Board Concurrence</b>
Date:
Board Comments:
Resubmit Date:
Board Concurrence: