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**ROTARY CLUB OF LAKE IN THE HILLS**

**MENTAL HEALTH AND ADDICTION RECOVERY IMPACT AWARD APPLICATION**

**INSTRUCTIONS:**

1) Use Grant Application form only.

2) Submit Grant Application by e-mail to: lithrotarygrants@gmail.com

3) Submission deadline: April 28th at 5:00pm

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

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ext.\_\_\_\_\_\_\_\_\_\_\_ Web Site:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about your mission and who is served by your organization:

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Tax Status: 501(c)(3) Yes\_\_ No\_\_ If yes, attach copy of IRS determination letter

Does your organization receive:

Support from a municipality/McHenry County? Yes \_\_ No \_\_

Funding from other foundations or service clubs? Yes \_\_ No \_\_

Organization Annual Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Founded: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :

Lake in the Hills Rotarians actively involved in your organization, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your organization received support from the Rotary Club of Lake in the Hills in the past? Yes \_\_ No \_\_

If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any Rotary Club of Lake in the Hills members affiliated with your organization or receiving payment from your organizations? Yes\_\_ No\_\_ If yes, please specify name(s):

**Please attach a list of your current board members and key staff.**

 **PROPOSAL TO THE ROTARY CLUB OF LAKE IN THE HILLS**

**Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grant Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Funds Secured from Other Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sources: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other sources of funding you are seeking, if any:**

**Project Goal:** Give a detailed list of what you expect your project to accomplish.

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**Need:** Please advise why you believe your project is innovative and will have a significant impact on enhancing the quality of life for Lake in the Hills and McHenry County residents?

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**Project Details:** Who will do it, how, and timeline to complete the project?

**Project Budget:** List categories of expenses and amounts. If the amount requested is less than the total project budget, explain how remaining funds will be secured and whether the project can be completed without full budget.

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**Project Outcome/Evaluation**: How will you measure the success of the project?

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**Publicity**: Describe how you will publicize receipt of this grant in the community and on any physical items purchased as part of this grant. (The Rotary Wheel and "Gift from the Rotary Club of Lake in the Hills 2023" signage is a required budget item for physical items purchased)

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If you have any questions, please contact Becky Welter at lithrotarygrants@gmail.com

All documents are also available at [www.lithrotary.org](http://www.lithrotary.org).