

NEIGHBORS IN NEED

COMMUNITY SERVICE ORGANIZATION GRANT PROGRAM

FISCAL YEAR: _____

Purpose: The Rotary Club of Calabasas, through its Foundation, has established and will administer the Community Service Organization Grant Program to recognize and support community organizations in their effort to bring services and programs to the citizens of Calabasas.

Funding: Grant amounts will vary depending upon the amount of Grant funding available during each particular fiscal year cycle. Applicants must be a 501©(3) organization. Preference is given to organizations and programs that address safety, education, environmental issues, or increase the welfare of citizens or animals of Calabasas.

To Apply: Review the Submission Guidelines and complete the Application and return the Application by email or mail as set forth on the Application Form. Organizations may only receive one award per fiscal year. Organizations that previously received a Community Service Organization Grant in the prior year must complete an Annual Report form before being considered for the new cycle.

Terms of Grant:

1. You may not use any portion of the grant funds to undertake any activity for any purpose other than the one specified in your Application. If funds are not spent within one year of the date of the approved grant and receipt of funds, funds must be returned to the Rotary Club of Calabasas.
2. If a grant is awarded your organization, a full financial accounting of your expenditures and brief narrative report is required not later than one year from the date of the award. Failure to submit such a report will require your organization to return the grant funds and be excluded from future grant awards.
3. The Rotary Club of Calabasas reserves the right to publicize the Community Service Grants Program and its grant awarding cycles, including but not limited to, publicizing your organizations' grant.
4. If awarded a grant, you may not use any portion of the grant funds in violation of federal or state law, or City of Calabasas policy, prohibiting discrimination and harassment on the basis of race, national origin, color, ancestry, religion, age, physical or mental disability, medical condition, sex, marital status, sexual orientation, pregnancy, childbirth, or related medical condition.

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SUBMISSION GUIDELINES:

Please read the following instructions thoroughly. Be sure to follow the guidelines as directed otherwise the application will be returned.

1. Three (3) copies of your Application should be submitted. Please ensure that the disclosure statement on the cover of the Application is signed and dated.
2. In addition to the required documentation listed below, please attach any supporting documents you feel are relevant to each Application.
3. The purpose of the Grant Program is to recognize and support community organizations in their effort to bring services and programs to the citizens of Calabasas. Please ensure that your application includes examples of how the community of Calabasas benefits from your organization's activities. This is especially important if your organization is located outside of the City of Calabasas.

REQUIRED ATTACHMENTS:

1. Two (2) copies of your 501c3 Designation Letter from the IRS. If you are a non-profit organization, you must have this letter. For branches of a larger organization (i.e. a local troop of the Girl Scouts of America), please provide the letter for your umbrella organization.
2. Two (2) copies of your most recent audited financial statement. For most organizations, this will be an IRS Form 990. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable.
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APPLICATION:

SECTION 1:

Name of Organization: _____

Amount Requested: _____

Contact Person: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact No: _____ Email: _____

501©(3) Taxpayer ID Number: _____

I/We certify that the above mentioned organization does not engage in political or electoral activity, including but not limited to, endorsing candidates or measures.

_____ Date submitted: _____

Executive Director / President

Please mail or email completed application and attachments to:

Rotary Club of Calabasas cosgrants@calabasasrotary.org

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APPLICATION:

SECTION 2.

1. What is the overall purpose or goals of your organization?

2. How long has your organization been in existence? ____Years, ____Months

3. Describe in general the activities or services of your organization:

4. How many people does your organization currently serve? _____

5. How many people do you intend to serve during this fiscal year?
of Youth _____ # of Adults _____ # of Seniors _____

6. How many people served this fiscal year will be Calabasas residents?
of Youth _____ # of Adults _____ # of Seniors _____

7. How many paid employees/volunteers does your organization employ?
of full-time employees _____ # of part-time employees _____

8. Describe how your organization is managed and governed.

9. Please provide information on your Executive Board members or contact person.

Name	Title	Address	Phone
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10. Please state the start and end date of the program specified in this application. Is this a one-time , or ongoing event?

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APPLICATION:

SECTION 2.....continued

11. Do you charge admission, member fee, dues etc? ____ Yes ____ No

If yes, please describe:

12. What are your other sources of revenue for this funding year?

Source	Amount
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Total Need: _____ Total Received: _____ Balance: _____

13. Amount of money requested from this grant \$ _____

14. Has your organization been funded by this grant previously? ____ Y ____ N

15. If yes, please state: when, how much, and for which program.

16. Need Statement. Clearly and plainly state the reason or need for the requested funds and how these funds will be used, if awarded.

17. Goal Statement. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

18. Please include a detailed budget for this for this program/event, and a detailed list of intended expenditures.

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ANNUAL NARRATIVE REPORT:

REQUIRED: Please attached Application, and a detailed budget of how the grant funds were spent.

Name of Organization: _____ Date: _____

Goals Achieved:

Events Completed:

of Calabasas Residents Served: _____

Challenges Faced:

Other Information About How Your Objectives Were Reached: