

Grant Application Instructions

Version: January 2017

Please find below the instructions for completing and submitting a grant application to the Rotary Club of Excelsior.

	Organization Informat	tion		
Name of organization		Legal name, if different		
Address	City, State, Zip	Employer Identification Number (EIN		
Phone	Email	Website		
Name of top paid staff	Title	Phone	E-mail	
Name of contact person regarding this application	Title	Phone	E-mail	
Is your organization an IRS 501(c)(3) not-	for-profit?		Yes	No
If no, is your organization a public agency/unit of government? If no, check for details on using fiscal agents, and list name and address of fiscal			Yes	No

Proposal Information						
Please give a 2-3 sentence summary of request:						
Population served:	Geographic area served:					
Funds are being requested for (check one) <i>Note: F</i>	Please be sure funder p	provides the typ	e of support you are requesting.			
Project support	Start-up costs		Capital			
Program support	Technical assis	stance	Other (list)			
Project dates (if applicable):	Fiscal yea	r end:				
Budget						
Dollar amount requested:		\$				
Total annual organization budget:		\$				
Total project budget (for support other than general operating):		\$				
Authorization						
Name and title of top paid staff or board cha	ir:					
Signature			•			

PROPOSAL NARRATIVE

I. ORGANIZATION INFORMATION

(1 PAGE MAX, OR SUPPLY YOUR ANNUAL REPORT IF AVAILABLE)

- A. Brief summary of organization history, including the date your organization was established.
- B. Brief summary of organization mission and goals.
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.

II. PURPOSE OF GRANT

(1-2 PAGE MAX)

1. Situation

- a. The opportunity, challenges, issues or need and the community that your proposal addresses.
- b. How that focus was determined and who was involved in that decision-making process.

2. Activities

- a. Overall goal(s) regarding the situation described above.
- b. Objectives or ways in which you will meet the goal(s).
- c. Specific activities for which you seek funding.
- d. Who will carry out those activities, and if applicable, how can Excelsior Rotarians volunteer and become involved in this effort.
- e. Time frame in which this will take place.
- f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have on Greater Excelsior and Lake Minnetonka Community Youth.
- g. Long-term funding strategies (if applicable) for sustaining this effort.

III. EVALUATION

(1 PAGE MAX)

- A. Please describe your criteria for success. What do you want to happen as a result of your activities? You may find it helpful to describe both immediate and long-term effects.
- B. How will you measure these changes?
- C. Who will be involved in evaluating this work (staff, board, constituents, community, consultants)?
- D. What will you do with your evaluation results?

ATTACHMENTS

- A. Most recent financial statement from most recently completed year *-or-* Annual Report, if your organization publishes one.
- B. Organization budget for current year, including income and expenses.
- C. Project Budget, including all sources of income and expenses. (these should tie directly to #2C above)
- D. Additional funders. List names of corporations and foundations from which you are requesting funds affiliated with this project grant request, with dollar amounts, indicating which sources are committed or pending.
- E. A copy of your current IRS determination letter (or your fiscal agent's) indicating tax-exempt 501(c)(3) status.

PROJECT BUDGET

Please only include expenses necessary to fund the project grant. Exclude ongoing organizational operating costs, salaries, etc.

EXPENSES

<u>EAPENSES</u>				
<u>Item</u>	Amount			
Equipment (please specify and note if this is equipment rental or purchase)	\$			
Raw materials, building supplies (lumber, stone, etc.)	\$			
Demolition Cost	\$			
Garbage, Hauling, Disposal	\$			
Room or Space Rental- one time	\$			
Services (please specify	\$			
Supplies (please list how these support the project)	\$			
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$			
Insurance, benefits and other related taxes	\$			
Consultants and professional fees	\$			
Travel	\$			
Printing and copying	\$			
Telephone and fax	\$			
Postage and delivery	\$			
Rent and utilities	\$			
In-kind expenses	\$			
Depreciation	\$			
Other (specify)	\$			
	\$			
Total Expense	\$			