**Allocation Request Form**

 

**Vail Rotary Club**

**Application for Funding**

Date: Click or tap to enter a date.

1. Name of Organization: Click or tap here to enter text.
2. Address:

Street/PO Box: Click or tap here to enter text.

City: Click or tap here to enter text.

State: Click or tap here to enter text. Zip Click or tap here to enter text.

1. Contact Name: Click or tap here to enter text.
2. Contact Title: Click or tap here to enter text.
3. Contact Phone: Click or tap here to enter text.
4. Contact Email Address: Click or tap here to enter text.
5. Purpose or mission of organization: Click or tap here to enter text.
6. Has your organization been determined by the IRS to be an IRC 501 C (3) Organization? (Having a 501C(3) **IS required** for receipt of a grant from the Vail Rotary Club) Choose an item.
	1. Are you applying for funding through the use of a “conduit” or “pass through” IRC 501C(3) organization Choose an item.
	2. If so, do you have a written agreement with such organization to “pass through” funds if awarded? Choose an item.
	3. Please indicate percentage of requested funds to:
7. Your total annual operating budget: Click or tap here to enter text.
8. Your budget project costs: Click or tap here to enter text.
9. Please indicate level of financial statement: Choose an item.

D. Please attach the following supplemental documentation (copies):

1. Supporting materials for request
2. Financial statements for the recent year
3. Annual report/mission statement
4. List of current officers and trustees/directors.
5. How does your organization measure it’s impact/success? Click or tap here to enter text.
6. Reason for funding request: Click or tap here to enter text.
7. Amount requested: $Click or tap here to enter text.
8. When are the funds needed? Click or tap here to enter text.
9. What is your total fundraising goal? $ Click or tap here to enter text.
10. Have you requested Rotary funding in the past? Choose an item.
	1. If yes, when and from which club(s): Click or tap here to enter text.
11. Please explain other funding sources: Click or tap here to enter text.
12. How will outcomes of the funding request be measured? What specific measures/tools are being used to measure outcomes? Click or tap here to enter text.
13. Are you applying for funds from other sources in connection with this request? Choose an item.

If yes, please identify name(s) of sources: Click or tap here to enter text.

1. Indicate how the Vail Rotary Club will receive recognition from our support: Click or tap here to enter text.
2. Other than money are there other ways the Vail Rotary club might help your organization? i.e. – volunteering: Click or tap here to enter text.
3. Additional Comments: Click or tap here to enter text.

 NOTES:

1. All grant requests will be subject to the review of a committee member which will ordinarily result in a visit and/or telephone conference with you to verify and seek additional information that may be required.
2. Please note that all grants awarded by the Rotary Allocations Committee in excess of $1,500 require follow-up monitoring by a committee member and documentation as to the actual grant utilization and/or applications.
3. Please send your completed funding request and any other correspondence to:

 E-mail: VailRotaryFunding@gmail.com

For Internal Use Only

Date Received:

Funds Committee (Initial):

Approval:

Approved: Denied:

If approved, amount approved: $

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| --- | --- | --- | --- | --- |
| Title |  | Name (Printed) |  | Signature |
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