**Xenia Rotary – Grant Request**

1. Name of organization
2. Contact (include phone and email address
3. The amount of your request is
4. How will Rotary Funds be used?
5. If your request is in support of a project what is the total cost of the Project?
6. Share a brief (not detailed or lengthy) budget of your project or activity i.e. supplies, travel, expenses, maintenance, honorariums, etc. and provide an estimated completion date.
7. Identify other funders who you have approached for your project.
8. Xenia Rotary’s financial commitment is only for this specific grant request. For example, if you are requesting sponsorship for a youth sports team your request will be honored only for a single season. If you anticipate you will be making requests in the future, please indicate so and state when you expect to submit a future grant request.
9. How will your organization offer Rotary acknowledgement or recognition as a provider of funds for your project or activity?
10. When do you need the funds? (Specific date):
11. If a grant is awarded to who shall be listed as the payee on the check
12. Mailing address for the check:
13. List Xenia Rotarians involved in your organization or project and identify if they are aware you are submitting a request for funding.

**Brian Liming**

**Send to: Rotary Club of Xenia, Grant Review Committee, PO Box 311, Xenia, Ohio 45385 or you can email the completed grant to jbaker@xarsc-seniorcenter.org**

**If you have any questions, you can contact Judy Baker at 937-376-4353.**

***For Board Use***

Date presented to Review Committee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date presented to Board of Directors \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken:

* + Funds Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_
	+ Tabled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ Reason and necessary follow-up

Resubmitted:

* Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Approved Funds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Denied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Reason for Denial

Contact called/Date of meeting for check presentation: