

Rotary

Club of Livermore Valley



COMMUNITY GRANT APPLICATION

___ Spring- Applications due second Tuesday in April

___ Fall- Applications due second Tuesday in October

RECIPIENT (GRANT REQUESTOR) INFORMATION:

Name of Applicant /Organization: _____

Address of Organization: _____

Website of Organization if available: _____

Organization Contact Person: _____

Title: _____

Phone Number: _____ Fax: _____

Applicant Email: _____

Type of Organization and nature of service provided:

If incorporated, please list where and when: _____

If recognized by the IRS, please provide Federal Tax ID#: _____

Does the Organization have an independent Board of Directors: Yes: ___ No: ___

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Please list dates and amounts of previous applications/grants from this club:

PROJECT INFORMATION:

Project title:

Project Description:

Describe your project in detail. Include who will be served, number of people served/involved, and item(s) to be purchased. Why or how is your project relevant or useful to your target population?

Location (city) or area to be benefited: _____

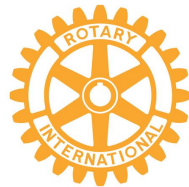
Amount requested: \$_____ (Our typical grants are between \$500 and \$1000+)

Date between which grants will be used: _____ to _____

If approved, make grant check payable to: _____

Please attach a budget for your project. (It may be included in an email if necessary)

Rotary Club of Livermore Valley



The Rotary Club of Livermore Valley is committed to equal opportunity for all persons without regard to race, religion, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, gender, age, or sexual orientation and requires the same of projects which it supports.

We expect the recipient of a grant to give a short presentation at a club meeting (Tuesdays 7-8:30am)

Signature of Applicant: _____ Date: _____

ROTARIAN INFORMATION:

Applicant must be sponsored by a Rotary Club of Livermore Valley member.

Name of Rotarian Sponsor: _____

Signature of Rotarian Sponsor: _____

If you are applying as an applicant from the Livermore Valley Joint Unified School District (LVJUSD), please obtain and submit an approval from your Principal or other administrator.

Approval by _____

Contact information: _____

Signature: _____

email to: palmer.sarahL@gmail.com or livermorevalleyrotaryclub@gmail.com
or mail to: Rotary Club of Livermore Valley
P.O. Box 3266, Livermore, CA 94550
Attention: Sarah Palmer/community grants

This Application Was **Approved:** _____ **Denied:** _____ **Date:** _____