

# Rotary Club of Livermore Valley



## **COMMUNITY GRANT APPLICATION**

\_\_\_ Spring- Applications due the last Friday in April

\_\_\_ Fall- Applications due the last Friday 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: (Attach a page if need be)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_

# Rotary Club of Livermore Valley



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

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**PROJECT INFORMATION:**

**Project title:**

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**Project Description: (*Information may be on a separate page. Note that here if applicable.*)**

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?

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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: \_\_\_\_\_

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

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# 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 early morning)

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](mailto:palmer.sarahL@gmail.com) or [livermorevalleyrotaryclub@gmail.com](mailto: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:** \_\_\_\_\_