

***Lakewood / Rocky River Rotary Club***

P.O. Box 770916 Lakewood, OH 44107

**REGULAR / SEED MONEY GRANT REQUEST FORM**

Agency/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Names of Principal Officers and Directors:

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

Your agency/organization must be 501(c)(3) to receive funding.

1. Please attach the IRS declaration letter indicating such.
2. Please attach financial statements, audited, if available.

When was the agency/organization established? \_\_\_\_\_

Which communities does your agency serve? \_\_\_\_\_

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

Amount of funds requested: \$ \_\_\_\_\_

Proposed use of funds requested: \_\_\_\_\_

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

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

Long-term goal(s) for the project: \_\_\_\_\_

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

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

Describe how this project is unique and/or how it will fill a need: \_\_\_\_\_

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Description of the anticipated impact or results of the project: \_\_\_\_\_

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Number of individuals who will benefit from these funds (best estimate): \_\_\_\_\_

Describe how you will sustain this project in the future: \_\_\_\_\_

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Budget details for fund usage (i.e., equipment purchase, personnel, supplies, etc.):

Amount

Purpose

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Timetable for funds usage: \_\_\_\_\_

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Describe opportunities for Rotarians to volunteer with your organization: \_\_\_\_\_

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Please attach additional information that you feel is appropriate to help us evaluate your request.

Please submit this grant request no later than November 23, 2017 to:

**Lakewood-Rocky River Rotary Club**

**Grants Committee**

**P.O. Box 770916**

**Lakewood, OH 44107**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_