



WEYMOUTH ROTARY CLUB  
P.O. BOX 52  
WEYMOUTH MA 02190

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## GRANT APPLICATION EVALUATION AND REVIEW

Grant applications shall be evaluated as follows:

- a) The need for the program in the community it serves
- b) The impact on the audience and the number of people who will benefit from the grant request
- c) Location of the community to be served. Preference is given to projects locally, although requests out of the state, national and international projects may be considered.
- d) The uniqueness of the program or project
- e) The impact of the request on the organization requesting it.
- f) The viability and the financial management of the organization.

Weymouth Rotary Club  
GRANT APPLICATION

Name of Organization

Address

Authorized Contact Person:

Title:

Phone:

Fax:

Email:

Mission/Purpose of Organization (Objectives, past accomplishments, future goals. long range plans, etc.) use additional sheets if necessary:

Year Founded:

Total Operating Budget

Incorporated as Non-Profit:

If yes, Date of incorporation

Tax Exempt Under IRC 501c (3)

Federal Tax ID #

Has Organization Requested a Grant from Weymouth Rotary in the Past?

If yes, When:

Amount:

Was it Granted:

Source of Organization Funds by percentage:

a) Federal Gov't	e) Foundations	i) Endowments
b) State Gov't	f) Corporations	j) Other (Explain)
c) County	g) Private	
d) City	h) United Way	

Proposed Use of Grant (use additional sheets if necessary)

Amount Requested

Total Project Cost

What other sources of funding have you pursued:

What is the status of these requests:

How many people do you estimate will benefit from this grant:

Is this Service Project already being provided/undertaken in our area:

What will be the expected duration of the effect of this grant:

What are your proposed start and completion dates for the use of this grant:

Without the Weymouth Rotary, does your project go forward:

If the Weymouth Rotary Club Grant is a one-time only, how will you sustain yourself in the future:

What are the criteria by which you will measure the success of the endeavor:

When will you know the results of your endeavor:

How will you report your results to the Weymouth Rotary Club:

What percentage of the project will be devoted to overhead:

Will any of these funds be used to pay a nationally affiliated organization? If so, please explain.

Board of Directors and Management

	Name	Years in Position	Occupation	Salary
President				
Secretary				
Treasurer				
Board Chair				
Board Member				
Board Member				
Board Member				
Board Member				
Board Member				

How many Executive Committee Meetings each year:

How and to what extent do the directors participate in the programs of the organization:

How many compensated staff members do you have:

Do you utilize volunteers:

If so how many: Full-time                      Part-time

What percentage of total service delivery (man hours, staff support) do they provide:

Are outside fundraisers employed:

If so on what basis are they paid:

How are your accounts audited:

If Other, please specify:

Please attach a copy of most recent/last years' financial statement and/or IRS Form 990.

I (We)

of

for valuable consideration to me (us) paid and hereby, acknowledged release, exonerate, indemnify and hold harmless Weymouth Rotary Club, Inc., its officers and members, from and against any and all claims or actions and all expenses and costs (including attorneys' fees) incidental to the defense of any such claims or actions based upon or arising out of the gift (donation, etc) made to me (us) by said club.

I (We) certify that the above-mentioned and enclosed information is complete and accurate.

Authorized Signature

Name & Title:

(Must be signed by Chairman of the Board, Officer or Board member)

Date: