



Rotary of Tacoma #8 Grant Application

Review "Grant Policies and Priorities" before starting this application.

Grant App No. _____

Return three (3) complete sets of the application and supplemental information to: Rotary of Tacoma #8, Attn: Community Grants

US Mail:
PO Box 1777
Tacoma, WA 98401

In-person/ courier:
47 St. Helens Ave, Ste 200
Tacoma, WA 98402
(Monday-Friday, between 8:30 am and 5 pm)

Questions?
Tel: 253-473-7723
Email: clubadmin@rotary8.org

Checklist of attachments, by question

Please make sure each item in the checklist has been included and that you have checked it off.

Checklist of attachments by question:

- B2: IRS 501 (c)(3) Determination Letter
- B3: Annual Report or list of Board of Directors & Leadership
- B4: Most recent financial statements
- B5: Most recent Form 990, pages 1 - 9
- D1-4: List of any research studies, articles or other evidence substantiating your narratives.
- E1: P/P Funding status chart
- E3: Staff/Organization Chart (optional)

"P/P" refers to "Project and/or Program" throughout this Application

Section A - Basic Information		
A1	Project / Program (P/P) Name	
A2	Organization Name	
A3	Federal EID#	
A4	Address	
A5	Mailing address if different	
A6	President/CEO/Exec. Director/Mgr.	
A7	Contact person if different	
A8	Contact telephone	
A9	Contact email	
A10	Grant amount requested	

Submitted by:

Before you sign, please make sure that each item in the checklist has been included. Note: Incomplete or excessive applications will NOT be considered

Type name: _____

Title: _____

Signature: _____

Date: _____



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Section B – Prerequisites				
<i>Enter the answer that best fits your P/P. If a prerequisite presents an obstacle to applying, attach a brief explanation. The Grant Committee may consider waiving the requirement.</i>				
B1	Y / N or N/A	We are eligible because we have <u>not</u> received a Rotary of Tacoma #8 grant in the last 3 consecutive years, <u>and</u> we are current with 12 month progress reports on previous Rotary of Tacoma #8 grants we received.		
B2	Y / N	Enclose: IRS Letter of Determination for 501 (c)(3) status		
B3	Y / N	Enclose: Annual Report – or list of board members and/or key leadership with occupations.		
B4	Y / N	Enclose: Most recent financial report (operating statement & balance sheet in any format you use routinely).		
B5	Y / N	Enclose: Most recent IRS Form 990 (pg 1-9) or check here ___ if Org. is new & not yet filed a Form 990		
		Budget Information	Year you will use this grant	Last Year
B6		Annual Budget for Organization	\$	\$
B7		Annual Budget for P/P (enclosed)	\$	\$

Section C – Quantitative Questions		
<i>Enter the score that best fits your P/P - Grant Committee will validate your answers</i>		
Question	Score	Description
C1		Population Served (Refer to <i>Target Populations on Grant Policies and Priorities</i>)
	4	Directly serves individuals in one of the target populations
	3	Indirectly serves individuals in one of the target populations (by serving adults/families with target population individuals living in the same household).
	2	Serves people in need generally
	1	Serves the general public
C2		Type of P/P (Refer to <i>Priority Programs and Projects on Grant Policies and Priorities</i>)
	4	Priority list 1
	3	Priority list 2
	2	Priority list 3
	1	Priority list 4
C3		Place of residence of individuals served in C1 (Refer to <i>Target Geographical Areas on Grant Policies and Priorities</i>)
	4	90% or more residing within the city of Tacoma
	3	75-89% within the city of Tacoma
	2	50-74% within the city of Tacoma
	1	25- 49% within the city of Tacoma
	0	Less than 25% within the city of Tacoma
C4		How many other public or private agencies provide substantially similar services to the same population in the same geographical area?
	4	We are the only agency
	3	1 – 2 other agencies
	2	3 – 5 other agencies
	1	5 or more agencies



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Question	Description
D1	Describe the need for your P/P, and the severity of that need:
D2	Describe your P/P. Include quantitative data such as number of individuals served (for the previous year & for the year using this grant), and service units, such as hours, visits, sessions, item quantities, etc.
D3	How does your program measure its impact? Do you collect and analyze data about your clients and services? If it is not possible to use data measurements how do you know if your services are effective?
D4	List other specific agencies or organization, with which your organization partners or collaborates, in serving the same or related populations. e.g. complimentary services, client referrals, resource sharing, special initiatives, etc.



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Section E – Resource Questions – Committee Scored

Limit narratives to 150 words or less. Answers exceeding word limits will be scored zero

Question		Description												
E1		<p>P/P funding status: Attach list, table or spreadsheet showing the following:</p> <ul style="list-style-type: none"> List funding sources and amounts. Separate <u>Confirmed</u> and <u>Pending</u> sources/amounts (at time of application). Provide a total for Pending and Confirmed Amounts. Show the total Confirmed Amount as a percent of P/P Budget listed in B7. <p>A template is attached as an Excel spreadsheet.</p>												
E2		<p>Describe your plans if 100% of P/P your budget is not raised, and for sustainable P/P funding into the future:</p>												
E3		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Staffing</th> <th style="width: 20%;">P/P</th> <th style="width: 40%;">Organization (locally)</th> </tr> </thead> <tbody> <tr> <td>Number of full time employees</td> <td></td> <td></td> </tr> <tr> <td>Number of part-time employees</td> <td></td> <td></td> </tr> <tr> <td>Number of volunteers</td> <td></td> <td></td> </tr> </tbody> </table>	Staffing	P/P	Organization (locally)	Number of full time employees			Number of part-time employees			Number of volunteers		
Staffing	P/P	Organization (locally)												
Number of full time employees														
Number of part-time employees														
Number of volunteers														
E4		<p>Describe organization's ability to deliver P/P other than funding i.e. staff experience, past history, etc.</p>												

Section F – Additional Information

Is there anything else you would like to tell us? (500 words or less)



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TEMPLATE

Grant Application Question E1 Funding Status

Rotary of Tacoma #8 Community Grants

Effective: 8/26/2010

Replaces: 8/6/2010

Use this template or create your own that includes the same information. Values already filled in are for illustration only. Over-write with yours

Organization Name Great Organization
Project / Program Name Great Program
Date: 8/20/201
0
Total P/P Budget (your answer to Question B7) \$30,000

P/P FUNDING SOURCES

Name	Confirmed Amount	Pending Amount
Client fees paid		\$0
Contributions from Individuals	\$2,500	\$2,500
Rotary of Tacoma #8 Grant		\$5,000
ABC Foundation	\$5,000	
XYZ Foundation	\$5,000	
State ABC Dept Grant		\$2,500
Federal ABC Dept Grant	\$7,500	
Totals	\$20,000	\$10,000
Percent of P/P Budget	67%	33%
Total Percent Pending and Confirmed	100%	