



Rotary of Tacoma #8

Grant Application 2019-20

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:

1001 S. Yakima, Suite 9A
Tacoma, WA 98405
(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. We require as a minimum 11 point font size. Note: If we receive a grant, we agree to publicize the award.

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 current with 12 month progress reports on previous Rotary Club of Tacoma #8 grants we have 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)	\$

Does your P/P need volunteers? Yes_____No_____ If so what type of skills

This will not impact your score.

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</i> on <i>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 children or seniors 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</i> on <i>Grant Policies and Priorities</i>)
	4	Priority list 1
	3	Priority list 2
	2	Priority list 3
C3		Place of residence of individuals served in C1 (Refer to <i>Target Geographical Areas</i> on <i>Grant Policies and Priorities</i>)
	4	90% or more residing within the city of Tacoma or will serve only Tacoma clients with this grant
	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 do you collaborate and partner with other organizations?
	3	We are known to be highly collaborative with several partners and have longstanding relationships
	2	We collaborate with one or two partners effectively.
	1	We do not collaborate with others on this program.



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Question	For these sections please answer in 500 words or less (for D2-D5) using 11 point or higher font.
D1	Summary of your P/P in 100 words or less
D2	Describe the need for your P/P, and the severity of that need:



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D3	Describe your P/P. Include 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.
D4	How does your program measure its impact? Do you collect and analyze quantitative data about your clients and services? If it is not possible to use quantitative data analysis, how do you know if your services are effective? (i.e., you have replicated an evidence-based program)



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D5	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.)

Section E – Resource Questions – Committee Scored			
<i>Limit narratives to 150 words or less. <u>Answers exceeding word limits will be scored zero</u></i>			
Question			
E1		P/P funding status: Attach list, table or spreadsheet showing the following:	
		<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		Staffing	P/P
		Number of full time employees	
		Number of part-time employees	
		Number of volunteers	
E3		Describe organization's ability to deliver P/P other than funding i.e. staff experience, past history, etc.	



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Section F – Additional Information

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



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TEMPLATE

Grant Application Question E1 Funding Status

Rotary of Tacoma #8 Community Grants

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

Organization Name _____

Project / Program Name

Date: _____

Total P/P Budget (your answer to Question B7)

P/P FUNDING SOURCES

[illegible]

* Totals

* Percent of P/P Budget

* Total Percent Pending and Confirmed

* These figures are automatically calculated.