



Rotary Club of Tacoma #8

Grant Application 2022-23

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

Grant App No. _____

Email completed application in pdf format to clubadmin@rotary8.org. Attn: Community Grants

Questions please call 253-473-7723

Checklist of Attachments, by Question

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

Required:

- ___ B1: Latest final 12-months Progress Report (if funded by Rotary 8 last year)
- ___ B2: IRS Determination Letter confirming as a 501 (c) (3) tax-exempt organization
- ___ B3: Annual Report or list of Board of Directors
- ___ B4: Financial statements (a) current (b) reviewed/audited
- ___ B5: Most recent Form 990
- ___ B6: Budget for Project/Program (P/P)
- ___ B7: Organization's Diversity Statement
- ___ E1: P/P Funding Status Chart

"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 & Title 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 applications will NOT be considered. We require that you use a readable font size. Note: By signing, you agree, if you receive a grant, you will publicize the award from Rotary 8.

Type name: _____

Title: _____

Signature: _____

Date: _____



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SECTION B – Prerequisites

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 a requirement. Answer Y, N, or N/A

B1	Y N or N/A	<u>Enclose</u> : Latest 12-months Progress Report to Rotary 8 (if funded last year)
B2	Y N	<u>Enclose</u> : IRS Letter of Determination for 501 (c) (3) status
B3	Y N	<u>Enclose</u> : Annual Report – or list of board members and/or key leadership with occupations.
B4	Y N	<u>Enclose</u> : Most recent financial statements (a) current (b) reviewed/audited
B5	Y N	<u>Enclose</u> : Most recent IRS Form 990 (pg. 1-9) OR check here ___ if org. is new & not yet filed a Form 990
Budget Information		<u>Year you will use this grant</u>
		<u>Last Year</u>
B6	Y N	<u>Enclose</u> : Annual Budget for your P/P
B7	Y N	<u>Enclose</u> : Your Organization's Diversity Statement
E1	Y N	<u>Enclose</u> : P/P Funding Status Chart

Does your P/P need volunteers from Rotary 8? ____ Yes ____ No. If so what type of skills? (Note: This will not impact your score)

SECTION C – Quantitative Questions

Enter the score that best fits your P/P - Grant Committee will validate your answers

Question	Score	Description
C1		Population Served (Refer to <i>Target Populations on Grant Policies and Priorities</i>)
	7	Directly serves individual low-income children/youth OR low-income seniors plus, immigrants & homeless
	5	Directly serve families with low income children/youth OR low-income seniors, plus immigrants & homeless
	2	Other low-income populations (i.e., adults only)
	1	Serves the general public
C2		Type of P/P (Refer to <i>Priority Programs and Projects on Grant Policies and Priorities</i>)
	7	If P/P directly provides basic needs, such as food, clothing, shelter/housing, childcare, clothing, medical or dental care, mental health, violence protection, disabilities, household necessities, homelessness or immigration
	3	If P/P directly provides basic literacy, early learning (pre-K), K-12 tutoring basic education, self-esteem/socialization, job training, emotional health, alcohol and drug use prevention
	2	If P/P focuses on art, parks and recreation, environment, K-12 enrichment (i.e. non basic education, leadership, or learning beyond basic education
C3		Geographic area of clients served
	3	85% or more of P/P clients reside within the City of Tacoma
	1	Less than 85% of P/P clients reside within the City of Tacoma



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SECTION D	
Question	Use a readable font size.
D1	Summarize your P/P in <u>350</u> words or less:
D2	Describe the need for your P/P, and the severity of that need in <u>350</u> words or less:



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SECTION D (continued)	
Question	Use a readable font size.
D3	Describe your P/P. Include number of individuals served <i>(for the previous year & for the year using this grant)</i> and service units <i>(such as hours, visits, sessions, item quantities, etc.)</i> in 350 words or less.
D4	How do we know this P/P has impact and is effective? Answer in 350 words or less. What evidence or data do you have that shows this program is effective?



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SECTION D (continued)

Question	Use a readable font size.
D5	List specific agencies or organizations with which your organization partners or collaborates, in serving your P/P clients.

Organization ↓	Does the Organization				
	Receive Clients?	Refer Clients?	Receive or Share Resources?	Receive Volunteers?	Collaborate in Other Ways?
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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SECTION E – Resource Questions – Committee Scored			
Question	Use a readable font size.		
E1		P/P funding status: Complete the Funding Status Template on the following page.	
		<ul style="list-style-type: none"> 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. 	
E2		Staffing	P/P
		Number of full-time employees	
		Number of part-time employees	
		Number of volunteers	
E3		Ability to deliver P/P	
		Describe your organization's overall ability to deliver P/P given your management, leadership, budget, and your staffing in 350 words or less.	



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FUNDING STATUS TEMPLATE

Your Organization's Name

Project / Program Name

Date:

Total P/P Budget (your answer to Question B6)

P/P Funding Sources

Name		Confirmed Amount	Pending Amount
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Totals

Percent of P/P Budget

Total Percent Pending and Confirmed
