



Rotary Club of Buffalo, MN
"Service Above Self"

GRANT CRITERIA

- 1. Requests must be completed on the application below. Applications are reviewed monthly.
2. Funding will not be provided for capital campaigns, general operating expenses, and reimbursement for expenditures. Grants may not be used to assist individuals and/or families.
3. Funding will be provided for specific needs that maximize benefits to recipient(s), have measurable outcomes, and impacts issues in our community, state, country and the world.
4. Awarded grantee will be invited to speak to Buffalo Rotarians about their project (10-15 minutes).

GRANT APPLICATION FORM

Organization Name: _____ Date: _____

Address, City, State, Zip: _____

Contact name: _____ Phone: _____ E-mail: _____

Organization is a 501(C)(3) Not for Profit: Yes _____ No _____

Project Goal: goal, date and location of event, and list items intended to purchase with grant money: _____

Multiple horizontal lines for writing project goals.

Who will be served? _____

How will Rotary be recognized in this project? _____

Are there other community partners involved? Who? _____

Dollar amount requesting: _____

Signature: _____ Date: _____

Completed application should be sent to one of the following.
1. The Rotary Club of Buffalo, P.O. Box 501, Buffalo, MN 55313
2. Jason Nelson, 2017-18 President, jnelson@elimcare.org