



# Hudson Daybreak Rotary Grant Application Form

We are pleased to receive your request for funds. Please communicate in your grant application how your project will align with our Club's motto "Enhancing Opportunities for Youth, Creating a Better Community for All." Hudson Daybreak Rotary Club is committed to supporting local projects and programs that focus on youth and/or improve our community. Our fall deadline has been extended to November 1, 2021.

**Grants are awarded twice a year with application submission deadlines of April 1 and October 1**

Please return this form to a member of the Daybreak Rotary Club or email [bod@hudsondaybreakrotary.org](mailto:bod@hudsondaybreakrotary.org).

### 54016 Organization's Infor

(Please attach brochures or additional information)

Name: \_\_\_\_\_ Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Tax Status: \_\_\_\_\_ Registered with State? Yes No Date Organization Founded: \_\_\_\_\_

Communities Served: \_\_\_\_\_

# of Staff: \_\_\_\_\_ # of Volunteers: \_\_\_\_\_ # of Rotarians involved in your Org: \_\_\_\_\_

Names and how Rotarians are involved: \_\_\_\_\_

Is your Organization willing to participate in Daybreak Rotary fundraising events? Yes No

Fiscal Year: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_ % of Annual Funds used for Administration: \_\_\_\_\_

Please list other organizations from which you receive financial support: \_\_\_\_\_

### Contact Information

### Presenter's Information (if different)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

### Funds Request Information

Amount Requested: \_\_\_\_\_ When are Funds Needed: \_\_\_\_\_

Is this a: One Time Request Annual/Repeating Request Date Program Founded: \_\_\_\_\_

Specify what the requested funds would be used for: \_\_\_\_\_

\_\_\_\_\_ (attach additional pages as needed)

Describe: Who, How, and How Many will benefit from these funds: \_\_\_\_\_

\_\_\_\_\_ (attach additional pages as needed)

### Review and Approval Procedures

Date Request Received: \_\_\_\_\_

Finance and Grant Committee Review Date: \_\_\_\_\_ Recommendation Date: \_\_\_\_\_

Chairperson's Initials: \_\_\_\_\_ Recommendation: Approved Denied Other

Comments: \_\_\_\_\_

Recommended Presentation to the Club: Yes No Date: \_\_\_\_\_

Board of Directors Review Date: \_\_\_\_\_ President's Initials: \_\_\_\_\_ Action Taken: Approved Denied Other

Comments: \_\_\_\_\_

### Grant Delivery Procedures

Presentation Date: \_\_\_\_\_ Location: \_\_\_\_\_ (photo opp.)

Rotarians Present: \_\_\_\_\_ Organization Representatives to be Present: \_\_\_\_\_