



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 is October 1, 2023.

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.

Organization's Information (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

Name: _____

Phone Number: _____

Alt. Phone Number: _____

Email: _____

Address: _____

Presenter's Information (if different)

Name: _____

Phone Number: _____

Alt. Phone Number: _____

Email: _____

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: _____