

The Rotary Club of Plymouth
P.O. Box 46453
Plymouth, MN 55446

GRANT APPLICATION FORM

Date: _____

Plymouth Rotary Club Member Sponsor: _____

Organization Name: _____

Address: _____

Contact Person's Name: _____

Phone: _____

E-mail: _____

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

Project Title and Brief Description:

Geographic Area to be Served: _____

Client Group to be Served: _____ Number of People Served: _____

Anticipated Project Period: _____

Total Project Cost: _____

Amount requested from the Rotary Club of Plymouth: _____

Amount and Sources of Commitments to date: _____

Signature: _____ Date: _____

Please answer the following questions in no more than 3 pages:

1. **History and Financial Support:** Give a brief history of your organization including a description of its mission.
2. **Project description:** Clearly describe the proposed project. What life-changing impact will this project accomplish?
3. **Approach:** How will the project be implemented?
4. **Evaluation:** How will you measure the project's success?
5. **Rotary Funds:** Specifically how will the Rotary grant be used?
6. **Other Assistance:** Are there non-financial ways that members of the Rotary Club of Plymouth can engage in the implementation of the project such as volunteer service?

Please include the following information with your grant request:

1. Project budget.
2. A copy of your 501 (C)(3) certification letter.
3. A list of current board members.

Completed application should be sent to:

The Rotary Club of Plymouth
Attention: Contributions Committee
P.O. Box 46453
Plymouth, MN 55446

Applications must be received by January 15 for first half year's funding and May 15 for second half year's funding.