



Winter Park-Fraser Valley Rotary Foundation

2020 GRANT APPLICATION

- *Please read the requirements carefully. Be sure your application complete. Be specific and concise with your answers.*
- *Use 12-point font size or larger.*
- *Submit two copies of your application*

Applications may be mailed to the Winter Park-Fraser Valley Rotary Foundation at P.O. Box 745, Winter Park, CO 80482. Applications are reviewed on a monthly basis as they are received.

QUESTIONS? Contact Angel Radford, President of Winter Park Fraser Valley Rotary Club at 650-750-4119 or angela.radford.a-grace.com@clubrunner.email>

SUMMARY SHEET FORM

Legal Name of Organization: _____
DBA (if applicable): _____
Mailing Address: _____
Physical Address: _____
CEO or Executive Director: _____
Application Contact and Title: _____
Daytime Phone: _____ Cell Phone: _____
Fax: _____ Email: _____
Website: _____
Federal Identification Number: _____
Tax Exemption Status: 501(c)(3)
 Other than 501(c)(3), describe: _____

Organization Information

Mission Statement:

Geographic Area Served (*specific to this proposal*): _____

Number of Employees: Full-time: _____ Part-time: _____

Number of Volunteers: _____

Type of Agency:

- Art & Culture
- Education
- Health & Human Services
- Sports & Recreation
- Other

Grant Request Information

Purpose of Grant (*select one*):

- Agency Support as a Whole
- Marketing Support
- Special Program, Project or Event
- Capital Expenditure
- Seed, Start-up or Development Costs
- Technical Assistance
- Matching Grant
- Other: _____

Amount of Request: \$ _____

What will the grant be used for?

Financial Information

Please list all entities asked to give financial support to the proposed project. Include responses to date, amounts requested and amounts committed.

2014

Actual Operating Revenue: \$ _____ Actual Operating Expenses: \$ _____

Budgeted Operating Revenue: \$ _____ Budgeted Operating Expenses: \$ _____

2015

Projected Operating Revenue: \$ _____ Projected Operating Expenses: \$ _____

NARRATIVE

Please include the heading provided for each question. Do not include the text of the questions.

1. ORGANIZATION BACKGROUND. Provide a brief description of the organization. Include population and numbers served.
2. GOALS. Describe the organization's current goals.
3. PROGRAM AND CAPITAL REQUESTS ONLY. Provide a summary of the plan or capital request. Include the issue and/or opportunity addressed, goals and objectives, activities, and timeline. Explain why the organization is approaching the issue and/or opportunity this way.
4. EVALUATION. Describe how the organization will measure the results. Describe how the organization will recognize the Foundation's support.
5. PLANNING. Describe the challenges and opportunities facing the organization in the next three to five years. What are the long-term sources and/or strategies for long-term funding?

OPTIONAL. If there is additional information you would like to convey in this proposal, do so here.

ATTACHMENTS

Label each attachment in the order listed.

1. BOARD OF DIRECTORS LIST.
Position(s) on the board
Occupation and name of employer and/or affiliation(s)
Term end date for each board member
2. LIST OF NAMES OF KEY STAFF, including length of service. Do not include job descriptions or resumes.
3. Proof of IRS federal tax-exempt status, dated within the last five years.

By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.

Signature, Executive Director

Date

Signature, Board President

Date