



## Winter Park-Fraser Valley Rotary Foundation

### 2015 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 Shanna Lalley, President of Winter Park Fraser Valley Rotary Club at 970-726-2610 or [Shanna@REWinterPark.com](mailto:Shanna@REWinterPark.com)

### 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: \_\_\_\_\_

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.

2015

Actual Operating Revenue: \$\_\_\_\_\_ Actual Operating Expenses: \$\_\_\_\_\_

Budgeted Operating Revenue: \$\_\_\_\_\_ Budgeted Operating Expenses: \$\_\_\_\_\_

2016

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