



RANCHO SANTA FE ROTARY FOUNDATION, INC.

A California Nonprofit Public Benefit Corporation

Tax Id. No: 33-0066601

Established July 22, 1985



6TH Annual Taste of Rancho Santa Fe

Sunday, October 7, 2018, 4:00-7:00pm

The Inn at Rancho Santa Fe

The Rancho Santa Fe Rotary Foundation is pleased to present you with our **Taste of Rancho Santa Fe Grant Application for 2018**. To be considered to be a beneficiary, all candidates are required to meet our enclosed criteria prior to submitting application.

Applications are due no later than April 15, 2018, via digital (email). To confirm your email delivery, please send your completed Application in hard copy format via U.S. Postal Service. Applications must be mailed to P.O. Box 766, Rancho Santa Fe, CA, 92067. Digital applications should be submitted as a PDF document. Please send your completed application to the email address provided below:

rsfrotaryfoundation@gmail.com

By completing, signing and submitting this application form your organization agrees to the requirements stated below...

1. TICKET SALES

The sale of at least 10 tickets. Tickets are \$100 each. Deadline is July 31

2. AUCTION ITEMS

Each charity is asked to provide 1 to 5 auction items with a total minimum retail value each of \$250, minimum total value if only one item is donated is \$500. Items due August 15. See auction guidelines.

3. EVENT PROMOTION

You agree to promote our event regularly on your company's website, social media platforms and other suitable communications until October 7. Information will be provided to you.

4. COMMITTEE MEETINGS

We require one patron from each charity attend at least one planning meeting per month.

5. EVENT DAY VOLUNTEERS

On event day, each beneficiary is asked to provide 2 volunteers each for the event and the clean-up. This is in addition to the individual(s) who man your booth.



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DETAILS ABOUT YOUR ORGANIZATION

Please fill this form and read requirements before submitting application. All information must be completed in order to be considered.

1. Basic Organizational Information:

Name:

EIN # (please attach 501(c) 3 Determination Letter):

Year Founded:

Number of Unduplicated Individuals Served Since Your Inception:

Number of Unduplicated Individuals Served Annually:

Please feel free to provide a brief explanation if you feel this is necessary (2-3 sentences)

2. Your Organization's Mission Statement:

3. Your Organization's Vision:

4. THE PEOPLE YOU SERVE (Place an X on all that are relevant)

Youth Adults Elderly Disabled Veterans
Active Duty Military Animals Other

5. Which area does your organization provide services to? (list format)

6. Your organization's sources of income: (please check all that apply)

Grants Membership Dues Program Fees Events Individual Donations
Government Funding



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7. Will these funds be used for a specific program or project, please provide your overall project budget. If your request is for general operating support, please enter the total of your annual operating budget. (Please attach program budget and organizational budget for your organization and most recent financial statement)

8. Detailed Organization Description

Please use this space to fully describe how your organization will use this funding, including:

1. Programs and services of your organization
2. The issue or need your organization is addressing (please include supporting research/statistics that demonstrate this issue/need)
3. How this funding will help your organization address this issue or need
4. The timeline for your projects or programs, including a start date and end date, if applicable

9. Specific details that clarify what dollar amount, or percentage of funds requested, will be used for operating support and program support

- Break down of your organization's operating budget going toward:

%Operating % Administrative %Fundraising %Program

Please feel free to succinctly provide any additional information regarding the break down above which you would like us to know about.

10. Information regarding those you serve:

Please feel free to provide any additional information you want us to know about those you serve

11. Will this grant proposal impact a predominantly low- to moderate-income population?

Yes No



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12. What % of those you serve are considered low- to-moderate income?

%

Please state how your organization defines low- to moderate-income.

Ex. Clients who earn less than \$XX,000 annually or eligibility for governmental benefits such as Free/Reduced Price Lunch, Medicaid, Temporary Assistance for Needy Families, Food Stamps, etc.

Signature of Authorized Representative Title

Print Name Date