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## RANCHO SANTA FE ROTARY FOUNDATION, INC.

A California Nonprofit Public Benefit Corporation

Tax Id. No: 33-0066601

Established July 22, 1985

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## 6<sup>TH</sup> 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](mailto: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. 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?

### 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**