

Fond du Lac Rotary Club

P.O. Box 182 • Fond du Lac, Wisconsin 54936-0182



Service above self

GRANT GUIDELINES & APPLICATION

Fond du Lac Rotary Club will accept grant requests from or on behalf of organizations defined as tax-exempt under section 501(C)(3) of the Internal Revenue Service code or from or on behalf of a state or local government agency that exists exclusively for public purpose (such as a library). If you are uncertain about whether your organization qualifies for a contribution, contact the club treasurer at P.O. Box 182, Fond du Lac, WI 54936-0182. The decision of Fond du Lac Rotary Club regarding eligibility will be final.

Preference will be given as follows:

- 1) Projects that inure to the benefit of Fond du Lac Area Youth or organizations or projects that are youth related.
- 2) Projects and methods of disbursement of monies that will be consistent with the ideals of the Fond du Lac Rotary Club.
- 3) Individual projects that seem to have little reasonable alternative source of adequate funds.
- 4) Programs likely to make a clear difference in the quality of life of a substantial number of people.
- 5) Organization requests that benefit programs, people served, and capital expenses and not for operating expenses.

Scholarship requests will only be considered under the Rotary Scholarship Program funded by Rotary, but administered individually by UW-Fond du Lac, Marian University, and Moraine Park Technical College. Please contact student services at the respective schools for application assistance.

When applying for a grant, submit the above requested information in its entirety along with:

- a) Copy of IRS letter of determination signifying organization identified as a 501©3 organization.
- b) A complete list of your organization's officers and directors.

Grant applications will be considered at next board meeting. Board meets every other month.

Mail the completed information to:

Fond du Lac Rotary Club, P.O. Box 182, Fond du Lac, WI 54936-0182

ROTARY REQUIRED INFORMATION: ATTACH EXTRA SHEETS IF NECESSARY.

This is a fillable form. To save the information entered, choose 'SAVE AS' from the File Menu and save this document to your computer. Print, Sign and Submit to the address above.

Name of Organization: _

Street Address:

City:

State:

Zip:

Date established:

Number of full-time employees:

Web Site (if any)

Contact Person:

Title:

Phone:

E-Mail:

A brief statement of the organization's history and purpose, indicating population served and geographic area of service (*limit 300 characters*).

Total Organization Operating Expenses:

Prior Year:

Description of project: (*limit 500 characters*)

Total Project Budget:

Amount Requested:

Principal & Other Sources of Support:

Duration of Project: From-

To-

When are funds needed:

Additional Documents Submitted:

Signature of Officer: _____ Title:

Date Submitted: