

# Downtown Rotary Club of New Braunfels

## Grant Application

(Deadline March 7, 2022)

Welcome to the application process to request funding from the Downtown Rotary Club of New Braunfels. You must follow the instructions accurately and carefully if you want your request to be considered. Complete the Application below, which is a writeable PDF document.

NOTE: The Downtown Rotary Club is interested in funding specific projects or needs. To increase the likelihood your organization will be invited to present, gain a recommendation for funding and approval by the Board of Directors, we strongly suggest your request be for a specific measurable project or need. Funding requests for general operating expenses are not likely to be recommended to the Board for approval.

An application request must be for only one project or need and it must be quantifiable, specific, and measurable.

If you are seeking funding for multiple projects or needs, you must make a separate request for each one.

The Donations Committee will review your application if it is complete, and you have supplied the requested documentation.

The Donations Committee will review the Request and schedule live presentations during March 2022, and if requested, you must present your proposal in person for consideration.

When you have completed the Application Form, you must save it electronically and email it to: [DonationsDTR@gmail.com](mailto:DonationsDTR@gmail.com). You will receive a reply confirming your application has been received. If you do not receive a confirmation email, please send a follow-up email within 15 days of the original submission. No Applications or follow-up emails will be accepted after the **closing date of March 7, 2022**.

Name of Organization:

Address:

Website:

Phone:

Name of Primary Contact/Applicant:

Email Address of Contact/Applicant:

Federal Tax ID Number:

Tax Status: Exempt \_\_\_\_ Taxable \_\_\_\_

Year Founded:

List of Officers and Directors: Name and Title

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If more space is needed, use the Additional Information section at the end of the document.

- State the mission of your organization.
- Overview of the programs offered.

- What geographic area is served by this organization? (If part of a larger organization, describe the geographic area served by the local organization and the parent.)
  
- Are you participating in the Big Give SA in 2022? Yes\_\_\_\_ No\_\_\_\_
  - If yes, are you proposing to use any of our donations for their matching fund program or as prize money?
  - Amount:\_\_\_\_\_ and explain
  
- Describe the supplementary fundraising activities conducted by the organization. (ex. Donations from Board Members, organization members, fundraising events, social events, etc.) Activity, net result, month(s) held.
  
- Are matching funds available? Yes\_\_\_\_ No\_\_\_\_
  - If yes, please explain.
  
- Have you received money from the Downtown Rotary Club of New Braunfels in the past? Yes\_\_\_\_ No\_\_\_\_
  - If yes, please provide the date, the amount received, and a short statement about the project/need.
  
- Please describe the project or need to be met by this request. The description should include sufficient information for the Committee Members to understand exactly how the funds will be spent.
  
- What other sources of funds might be available for this project or need?

- How many individuals were served in the last calendar year by the organization?
- How many individuals are anticipated to be served in this current calendar year by your organization?
- What is your Total Revenue/Income for the current Fiscal year?
- What is the Total Cost per individual served?
- What is the organization's percentage of Administrative Costs per dollar of Revenue \_\_\_\_%?
- Any additional comments you would like to share?

## **SUPPORTING DOCUMENTATION**

Please provide the following supplemental documents:

1. Your most recent, full-year Financial Statement
2. Your most recent IRS Form 990
3. A copy of your IRS Determination Letter showing your Filing Status

Signature of Primary Contact: \_\_\_\_\_

(Typing your name in the above line and returning the document will constitute an electronic signature)

Title of Primary Contact: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of organization's Officer or Board Member indicating organizational approval of the request: \_\_\_\_\_

(Typing your name in the above line and returning the document will constitute an electronic signature)

REVIEW:

1. All fields are accurate and complete.
2. Download a copy for your records.
3. Email the Application to [DonationsDTR@gmail.com](mailto:DonationsDTR@gmail.com).

Section for Additional Information