

ROTARY CLUB OF SPARKS

Charitable Contributions Request Guidelines

Application Procedures:

1. Sparks Rotary "Charitable Request Application" form just be used by all prospective applicants.
2. Evidence of Tax-Exempt Status must accompany application if applicant is incorporated as a not for profit 501(c)(3) organization.
3. Application will include a current financial statement or statement of anticipated expenses and available funds at the time of application.
4. All applicants will be notified by mail or email after the meeting of the Rotary Club of Sparks Board of Directors. If an application is denied, it will not be held over for future reconsideration; a new application must be submitted.
5. Please allow adequate time for your application to be reviewed. Depending on the timing of your request, approvals may take up to 8 weeks.
6. Please mail completed application along with additional material to the following address:

Sparks Rotary Club
Charitable Contributions Committee
PO Box 97
Sparks, NV 89432

DONATION REQUESTS WILL BE CONSIDERED FOR THE FOLLOWING

- ❖ **Arts & Culture** – Support for broadening public exposure to cultural events and ideas. Support to broaden public exposure to cultural events and ideas.
- ❖ **Civic** – Support for programs and activities that benefit a broad range of citizens interests.
- ❖ **Education** – Support for primary, secondary and higher education institutions and programs.
- ❖ **Youth** – Support for young people involved in citizenship or personal development activities.

Sparks Rotary intends to remain flexible in the granting of funds from year to year. Consequently, pledges, annual or continuing grants will be made only in unusual circumstances.

LIMITATIONS

The Rotary Club of Sparks will not consider applications based off the following:

- Applications from organizations that unfairly discriminate against race, ethnic origin, sex, creed, age or national origin.
- Applications for recognition advertising to honor or benefit and individual or organization.
- Applications for direct or indirect loans to individuals or organizations.
- Applications for political, legislative, lobbying efforts or religious purposes.

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Charitable Contribution Application

ORGANIZATION INFORMATION									
Individual/Organization Name						Date			
Street Address									
City				State		ZIP			
Phone				E-mail Address					
Incorporated			YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you considered a Non Profit Organization?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you recognized by the IRS as a 501(c)(3)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	IRS Number		Tax/Social Security Number			
Have You Received Funds from The Rotary Club of Sparks in the		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If So, When?		Amount			
Identify Individual/Organizations Activities, Goals & Objectives (Below):									
PROJECT INFORMATION									
Total Cost of Project				Amount Requested From Sparks Rotary					
Time Span of Project:		From	To	When will Funds be Dispersed?					
Names of Other Sources of Funds, Including Government, Being Pursued and Amount Requested From Each Source:									
Name of Other Source						Amount			
Name of Other Source						Amount			
Please Provide a Summary of Project for Which Funds are Being Requested (Below):									
How will you recognize/publicize Sparks Rotary's gift if one is forthcoming?									
List other known programs that address a similar need. Explain your efforts to collaborate with these similar programs/Services:									
AUTHORIZATION									
I certify that I have the authority to request funds from the Rotary Club of Sparks on behalf of the above organization or individual. In addition, I understand that the Rotary Club of Sparks may at their discretion, publicize the fact that funds have been contributed to the organization or individual and the purpose of the funding. Any form of media may be used by the Rotary Club of Sparks at their discretion and may include the use of pictures and the name of applicant or the individuals benefiting from the Contribution.									
Submitted by				Title		Date			

THIS FORM MUST BE COMPLETED AND RETURNED FOR ANY FUTURE CONTRIBUTIONS REQUEST TO BE CONSIDERED