

The following guidelines are required of our club;

1. The funds must be beneficial to South Placer County; residents of Rocklin and neighboring cities. <u>Typically, supporting targeted projects that work</u> with poverty, children, domestic abuse, education literacy, and local town <u>beautification and ecology</u>.

2. South Placer Rotary <u>will not grant funds for construction, real-estate,</u> <u>fiduciary obligations or ongoing operating expenses like salaries, rents or</u> <u>utilities.</u>

3. Generally a 30 to 60 day notice is required for all requests.

4. Recipients will be expected to issue a follow-up report, possibly presented to the club at general weekly lunch meeting.

5. <u>Grants are not automatically repeated</u>; an application needs to be submitted each year and priority will be given applications who have never been funded by the South Placer Rotary in past.

6. The application for financial assistance must be completed and returned with any other information helpful in evaluating the request.

Please send all inquiries to:

Community Service Director South Placer Rocklin Rotary PO Box 1042 Rocklin, CA 95677 info@southplacerrotary.org.

For more information, please contact Mark Schlueter 916.847.3878



South Placer Rocklin Rotary Grant Application for Financial Assistance

| Submitted by: | | DATE: | | | | |
|------------------------|----------------------|--------------------------------|---------------|--|--|--|
| | | | | | | |
| Address: | | | | | | |
| City: | State | 2:Zip | Zip | | | |
| Telephone: | Fax: | Website: | Website: | | | |
| Contact Person: | | Title: | | | | |
| Telephone: | Fax: | Email: | | | | |
| 1. How long has the or | rganization been ir | n existence? | | | | |
| 2. How many people a | re served on an an | nnual basis, and in what manne | r? | | | |
| | | | | | | |
| | | | | | | |
| | - | tion? | | | | |
| | | | | | | |
| 4 Describe the purpo | ose of the request | -: <u></u> | | | | |
| | | · | • • • • • • • | | | |
| | | | | | | |
| | | | | | | |
| 5. State the amount o | of your request: \$_ | | | | | |

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- 6. Have you received assistance from ANY Rotary in the past (y)___(n)____
 - If yes, please answer A through D
 - a. When was the last assistance received? (mm/yr)_____
 - b. Which Rotary Club provided the funding? ______
 - c. What was the funding used for?_____
 - d. What was the amount of funding? \$_____

7. Please list the percentage of other funding sources to your organization:

| a) Federal | % b) | State | % c) |) County | _% |
|---------------|-------|-------|------|----------|-----|
| 13 - . | ~ ~ ~ | | | | ~ · |

d) Private_____% E) Other _____%

8. How will your organization publicize the South Placer Rotary as part of your project?

9. Do you have a South Placer Rotary contact?

10. Who informed you of the South Placer Rotary Grant program? _____

11. Other information you would like us to know: _____

Please attach any other information that will be helpful in evaluating request.

Return application to:

South Placer Rocklin Rotary PO Box 1042 Rocklin, CA 95677 Attn: Community Service