

Rotary Club of Citrus Heights

Mini and Large - Grant Request Form

The Rotary Club of Citrus Heights grant program began in 2013. The program is designed to provide grant opportunities specifically in the Citrus Heights city limits centering on the 6 areas of focus as presented by Rotary International:

- Peace and conflict prevention/resolution
- Disease prevention and treatment
- Water and sanitation
- Maternal and child health
- Basic education and literacy
- Economic and community development

Each grant is awarded on a case by case basis after being reviewed by the board of directors of The Rotary Club of Citrus Heights Foundation, a brief presentation to the club is made with an explanation of how The Rotary Club of Citrus Heights will be recognized and a promise to come back to the club to tell us how the grant impacted the lives of those it was used for.

The following form is for both Mini Grants of up to \$250.00 and Larger Grants up to \$5000.00. For mini grants please fill out the areas indicated by an asterisk (*). For all other grants please fill out the entire form and leave no blanks. All grants are accepted between July 1 to May 1 for any Rotary Year. Grants cannot be used to refund services already rendered. Please consider that the Board meets every other month so give your grant request time to process. Allow 60 days.

An incomplete form will not be considered for a grant.

* Contact Name of person or Organization requesting funds _____

* Address _____

* City State Zip _____, _____, _____

* Contact Phone Number (_____) _____ --- _____

* Contact E Mail Address _____

* Amount of Money Requested \$ _____ * Date Money Needed ____/____/20____

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1. * Grant Project Description

a. Document the issue the proposed grant addresses.

b. Are there any existing programs doing the same thing?

2. * Goals & Objectives

a. Brief description of why the money is being requested and how the funds will be used.

b. overall goal of the proposed grant

c. What is the expected outcome of the grant?

d. date you hope the outcome will be achieved

e. How will you know the outcome has been achieved

3. * Program Description

a. Target population

b. Proposed activities

c. Staff/volunteers needed to support program

ONLY Complete next page for grants OVER \$250

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4. Partnerships

a. Name of other organizations you are partnering with?

b. specific involvement of each partner

5. Budget

a. Personnel costs

b. Other costs

c. Other funding sources

d. In kind Contributions

e. Sustainability

6. * How will The Rotary Club of Citrus Heights be recognized?

* Which dates are you committing to come to a Rotary Club of Citrus Heights Meeting? (They are each Wednesday unless otherwise notified)

Date presented: ___/___/20___

Second Presentation: ___/___/20___

DO NOT WRITE BELOW THIS LINE

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Applicant Signature _____

Sponsoring Rotarian _____

Date presented: ___/___/20__

Second Presentation: ___/___/20__

Request for Funds Approved YES NO Amount of Funds Approved \$_____

CEO _____

Voting Member _____

Voting Member _____

Voting Member _____

Voting Member _____

APPROVED

DENIED

Date Funds are Issued _____

Applicant signature of receipt _____