



## APPLICATION FOR GRANT FUNDING

*-- To be completed by the organization --*

Organization Name \_\_\_\_\_ Federal Tax ID (EIN) #: (9 digits) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_ Org. website \_\_\_\_\_

Will grant funds directly benefit your LOCAL community?  Yes  No

*If "No," list geographic location* \_\_\_\_\_

What service does your organization provide to the community? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are diversity, inclusion, and equity core values of your organization?  Yes  No

*If "No," please explain* \_\_\_\_\_

Organization Representative: By signing below I acknowledge that this form represents a request for funding, and is not a guarantee of funding. Final approval is subject to the Saint Paul Sunrise Rotary Foundation.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_ *For Office Use Only--Received by/Date:* \_\_\_\_\_

*Grants are considered quarterly.*

### SUBMISSION INSTRUCTIONS

1. Complete and sign this form.
2. Attach documentation of organization's 501c3 tax-exempt status (e.g., IRS determination letter)
3. Email or mail completed grant application to:

Tracy Sides  
209 E. 8<sup>th</sup> Street, Unit 107  
Saint Paul, MN 55101  
[Tracy.Sides@gmail.com](mailto:Tracy.Sides@gmail.com)

Questions? Please contact Tracy Sides, 612-202-2442