



**SERVICE Above Self**

## **Rotary Club of Key Largo Charitable Events Funding Request Form**

The Rotary Club of Key Largo Charitable Events (RCKL) Board of Directors aims to provide limited charitable giving in support of individuals, groups, and organizations impacting our local community and beyond. The amount available for such giving and funding priorities vary from year to year. The RCKL will, at its sole discretion, evaluate each request accordingly.

### **Eligibility**

The RCKL recognizes that service comes in a wide variety of forms and does not limit requests to particular areas of interest. However, funding requests for multi-year, cumulative commitments will not be considered. Decisions to fund a request will be made irrespective of successful requests from prior years.

### **Requests for Donations:**

Requests for donations will not be considered without a completed Request for Funding Form. The RCKL Board accepts requests on a rolling basis and will review all properly submitted requests at the next regularly scheduled Board meeting. The President may convene a special Board meeting to consider a request he/she deems urgent.

### **Sponsors**

Applicants are encouraged to connect with an active Key Largo Rotarian to sponsor their request. Sponsors serve a key role in ensuring requests are valid, that the funds reach their intended recipient in a timely manner, and the goals of the Foundation's gift are met. Follow-up is expected on the results of the donation and should be presented by the sponsor or the recipient of the donation within 90 days of completion. If at the time of review there is no sponsor, one may be assigned by the President or his/her designee. Requests for funding from non-profit organizations in good standing shall not require a sponsor.

### **Submission:**

Forms may be submitted by email or via a Key Largo Rotary Club sponsor. Additional information may be requested upon review.

**Email: [keylargorotary@gmail.com](mailto:keylargorotary@gmail.com)**

Please allow up to 4 weeks for a response to your request.

**Thank you!**



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## ORGANIZATION OVERVIEW

Name of Organization: \_\_\_\_\_

EIN or TIN #: \_\_\_\_\_ Organization is a 501(c)3      Y      N

Address: \_\_\_\_\_

Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Role in organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization's mission statement or purpose:

Current Board of Directors & Officers:

_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____

Number of paid staff? \_\_\_\_\_

Number of Volunteers? \_\_\_\_\_

List your organization's usual annual funding sources.

Federal Funding      \$ \_\_\_\_\_

Bequests      \$ \_\_\_\_\_

State Funding      \$ \_\_\_\_\_

Special events      \$ \_\_\_\_\_

Municipal funding      \$ \_\_\_\_\_

Individual donations      \$ \_\_\_\_\_

Corporate foundations      \$ \_\_\_\_\_

Employee Contributions      \$ \_\_\_\_\_

Service Foundations      \$ \_\_\_\_\_

Total Annual  
Operating budget:

Have you received funding from RCKL before? If yes,  
when and for what?

YES

NO

## PROJECT OVERVIEW

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**We are requesting (please check one):**

**Dinner event fundraiser**

**Cash support for a project**

### DINNER EVENT DETAILS

For dinner events, RCKL will commit up to \$1,000 in food product and prepare it for the event. The recipient organization is responsible for the following items in conjunction with a dinner fundraising event hosted by the RCKL:

- Advertising
- Ticket sales/registration
- Set up/decorating staff, servers, and clean up crew
- Paper towels, dinner and dessert plates
- Anything associated with drinks (soft drinks, beer and wine, cups)
- Desserts
- Product costs above \$1,000

Additional items may be needed and will be communicated before the event.

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

Anticipated # of individuals who will attend: \_\_\_\_\_

Menu desired:

Funds raised will be used for:

Additional information:

PROJECT DETAILS

Project Title: \_\_\_\_\_

Statement of need:

Project description/overview:

Project timeline:

How many individuals will this project benefit? \_\_\_\_\_

Youth                      People with disabilities                      Adults                      Seniors

Project Budget:

Item description	Amount		
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____		
_____	\$ _____	Total Project Cost:	\$ _____

Amount Requested from RCKL:                      \$ \_\_\_\_\_

Would RCKL monies be used towards any line item specifically?

## ADDITIONAL SUPPORT / FUND RAISERS BEING CONDUCTED

List other confirmed or potential funding sources FOR THIS PROJECT. Indicate amount and status of request. Include other Rotary Foundations.

Funding Source	Amount	Status

**If awarded funding, how will your organization acknowledge RCKL as a project funder?**

**Additional Remarks or Comments regarding this donation request:**

## Acknowledgements

**Please acknowledge each of the below by initialing on the provided line.**

Funded organization will use all awarded monies for the purpose outlined in this Funding Request. Any changes in project or program will be communicated in writing to the RCKL immediately prior to spending of funds.

\_\_\_\_\_ Funded organizations agree to recognize RCKL as a funder.

Applicant will provide a project update within 90 days of project completion.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date