



Rotary Club of Beloit July 1, 2021- April 1, 2022

COMMUNITY GRANT APPLICATION

CRITERIA:

1. A one-time project, **OR** those with time frame of less than 12 months to completion
2. A funding need of less than \$2,000.00

Please type or print all responses.

Organization Name:

Organization Address:

Primary Contact Person:

Contact Mailing Address:

Contact Phone and Type: _____ _____ _____
Work Cell Phone Home

Project Name:

Project Timeline: Start Date _____ Completion Date: _____

Project Focus: Local (Stateline Area) Regional (or Rotary District)

International State location _____

Amount Requested: _____ Project Funds Needed By _____

“Service Above Self” is Rotary’s international motto. Rotarians identify, support, and implement service projects that improve the quality of life in their own communities, as well as in communities around the world. Rotary has seven (7) primary service project Focus Areas:

- Peace and Conflict Prevention/Resolution
- Disease Prevention and Treatment
- Water and Sanitation
- Protect the Environment
- Basic Education and Literacy
- Maternal and Child Health
- Economic and Community Development

Which Rotary Focus Area best represents your project? _____

PROJECT DETAILS

1. Please state your organization’s mission.

2. Please identify the target population(s) you serve and state your current numbers for each segment (if more than one segment).

3. Please provide a brief general summary/overview of your project. (150 words maximum)

4. Provide a brief description of how your organization determined the issue/challenge that created your need for Rotary funds? (150 words maximum)

5. How will the project and the amount you are requesting address the need(s) you have identified? (300 words maximum)

6. Specifically, how do you intend to use Rotary grant funds to support your project? (150 words maximum)

7. Please provide your Project Budget.

Current and/or Projected Expenses

Current and/or Projected Revenue Sources:

Total: _____

Total: _____

8. Have you received other grant or organizational funds for this project?

Yes Total Amount to Date: _____

No

9. Have you applied / or will you apply for other grant and/or organizational funding for this project?

Yes No

If yes, please list them.

10. Not including your project funding sources, please describe the other community involvement in your project. Examples: partnerships with other agencies, volunteer groups, etc. (150 words maximum)

11. Why does your organization believe that Beloit's Rotary Club should be involved in this project? (150 words maximum)

12. Is your Board of Directors aware of this funding application? Yes No

YOU HAVE COMPLETED THE INFORMATION SECTION OF THE APPLCIATION. PROCEED TO THE NEXT STEPS SECTION OF THE APPLICATION.

NEXT STEPS::

1. Review your application to be sure you have answered all the questions completely.
2. THE BOARD CHAIR OR PRESIDENT MUST REVIEW THE ADDITIONAL REQUIREMENTS, AND THEN COMPLETE THE SIGNATURES SECTION BY SIGNING AND DATING YOUR APPLICATION BEFORE SUBMITTING YOUR REQUEST..

OFFICER SIGNATURE SECTION – REQUIRED FOR ALL APPLICATIONS

NOTE: This application may be signed either by hand in person or via DocuSign

By signing below, (organization name) _____ accepts responsibility for:

- A. Completing a final written report of the project within 30 days of the project's completion.
- B. Submitting a copy of the final project report to the Grants Committee, Rotary Club of Beloit, P.O. Box 321, Beloit, WI 53512-0321.
- C. Further, the organization acknowledges that the Rotary Club of Beloit reserves the right to suggest and allow for special conditions in the acceptance of the application.

Print Name of Organization's Officer: _____

Officer Signature: _____

Title: _____ Date: _____