



ROTARY CLUB OF JEFFERSON GRANT APPLICATION

Please read the Rotary Club of Jefferson's Grant Policies and Guidelines before completing this application. Complete each section with special attention to accuracy. Please attach additional information as needed.

APPLICATION MUST BE POSTMARKED BY FEBRUARY 26, 2018

Date: _____

Applicant Information:

Name of Organization: _____

Mailing Address: _____

Contact Name & Title: _____

Telephone: _____ Email Address: _____

What is your organization's IRS non-profit determination? _____

(A copy of your IRS Letter of Determination may be required before donation is approved.)

Project Information:

1. Project Name: _____

2. Grant Amount Requested: \$ _____

3. Briefly describe your project and the specific purpose for which funds are requested (attach price quotes for any equipment purchases or services and any other supporting documentation, such as diagrams, drawings, photos, etc., that may help describe the nature of your project):

(Please note: Consideration will be given to projects using local suppliers and/or contractors.)

4. Under which area does your project qualify? *(Please check all that apply.)*

Youth, Education, Literacy

Economic & Community Development

Promoting Peace/Other Social Issues

Fighting Disease/Promoting Health

Providing Clean Water/Environmental Issues

5. What specific geographic area will this project benefit? _____

6. Describe the specific community benefit or outcome that will result from this grant:

7. Estimate the number of people that will benefit from this grant:

8. What are the anticipated beginning and ending dates of this project?

9. When is grant needed?

10. List the names of any Rotary Club of Jefferson members involved in this project or organization:

11. How will the Rotary Club of Jefferson's grant be acknowledged or promoted by your organization?

12. Name of Rotary Club of Jefferson member sponsoring your grant application:

13. Do you agree to send a representative from your organization to one of the Grant Award meetings held during the months of March or April? Yes _____ No _____

14. Have you requested funds from other charitable sources for this project?
Yes _____ No _____

If so, list others to whom you have applied for support and the grant amount requested:

15. Will your project be completed if the full amount of grant funds requested is not awarded

Yes _____ No _____

Applicant Certification:

I am an authorized representative of the applicant organization and agree to use the funds for the specific purpose stated in this application.

Name: _____

Title: _____

Signature: _____

Date: _____

Please MAIL completed application to:

Rotary Club of Jefferson, PO Box 351, Jefferson, IA 50129 or drop off at Investment Center at Home State Bank in Jefferson. NOTE FEBRUARY 26 DEADLINE!

Questions? Contact Adam Pedersen at 515-370-5066

Rotary Club of Jefferson Approval:

Yes If "Yes", grant amount \$ _____

