



GUIDELINES FOR ROTARY GRANTS

“Service Above Self”

1. Recipients should be charitable and/or non-profit organizations and the grant money requested for a specific need; not general operating expenses. (In general, individuals – excluding students - in a financially needy situation, or who individually seek to do good work, should partner with an established charitable organization for their specific needs. Exceptions can be made at the Board’s discretion.)
2. A Rotary grant request should be accompanied by a completed application. The grant application can be found on this website by clicking this link: [Grant Application](#).
3. Recipients should be non-sectarian and non-political.
4. Requests will be reviewed quarterly at the January, April, July and October Board meetings.
5. Grants are not automatically repeated; an application needs to be submitted within each fiscal year for which a grant is needed. The Rotary fiscal year is July 1 to June 30.
6. Typically, Rotary is interested in supporting targeted projects that deal with: health, hunger, poverty, problems of the elderly, children, domestic abuse, education and literacy, disabilities, town beautification, ecology and those projects that benefit the community.
7. Rotary welcomes the opportunity to partner with other service organizations to advance specific goals consistent with the objectives of Rotary. Priority will be given to activities where there is an opportunity for matching funds.
8. Recipients are encouraged to acknowledge the SCF/TF Rotary Club in their publicity for recognition of civic contributions.
9. Recipients will be expected to issue a follow-up report regarding the effect of Rotary’s grant, to the extent feasible, that includes receipts, photographs, and the like. Recipients may also be asked to present during a weekly Rotary meeting.
10. Grant applications must be either mailed to SCF/TF Rotary, PO Box 144, St. Croix Falls, WI 54024 or emailed to rotary@scfrotary.org.



St. Croix Falls/Taylor Falls Rotary Club Grant Application



Please read the Guidelines for Rotary Grants before completing this application. Rotary is an international service organization which sponsors programs and projects in almost every country in the world. The St. Croix Falls/Taylor Falls Rotary Club is committed to both local and international community projects and programs.

Mail to SCF/TF Rotary Club, P.O. Box 144 St. Croix Falls, WI 54024; or email to rotary@scfrotary.org.

Applicant's or Organization's Contact Information Presenter's Contact Information

Applicant's Name: _____
Address: _____
Phone: (Day) _____ (Cell) _____
E-mail: _____
Website: www. _____
(Please attach brochure or additional information)

Applicant's Name: _____
Address: _____
Phone: (Day) _____ (Cell) _____
E-mail: _____
Website: www. _____
Sponsoring Rotarian: _____

Applicant's or Organization's Financial Information

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|--|--|
| 1. Charitable/non-profit organization: Yes No | 7. Other organizations from which you receive financial support: _____ |
| 2. Opportunity for matching funds: Yes No | 8. Number of staff: _____ Number of volunteers: _____ |
| 3. % of funds raised used for administration: _____% | 9. Can your organization help with Rotary events? Yes No |
| 4. Service area: _____ | 10. Fiscal year end date: ____/____/____ |
| 5. Received funds from Rotary before? Yes No | 11. Annual revenue: \$ _____ |
| 6. If so, when: _____ and amount: \$ _____ | |

Project Information *(Attach additional pages as necessary)*

1. a) Total project amount: \$ _____; b) Requested from Rotary: \$ _____; c) When are funds needed: ____/____/____
2. Indicate which type of request: A one-time request or An annual/repeating request (request must be made annually for funds)
3. **Project Description.** (Summarize the proposed project; indicate target group, what will happen, when and where it will occur. If this is a capital expenditure, describe how equipment will be used. Attach additional narrative on a separate sheet of paper, but summarize here.)
4. Describe how the requested funds would help to fulfill the Mission of Rotary (Service Above Self) and satisfies the type of projects that Rotary is interested in supporting (see Guidelines for types of projects):
5. If this is a capital expenditure, how will upkeep and replacement parts be funded and over what period of time?
6. How would partial funding impact this project/program?
7. How many people will be served by this project?
8. Describe how the project's success will be evaluated.
9. How will SCF/TF Rotary support be acknowledged?

Review & Approval

- | | |
|---|--|
| 1. Board of Directors Review Date: ____/____/____ | 3. Action Taken: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ |
| 2. President's Signature: _____ | 4. If approved, date request received: ____/____/____ |

Grant Delivery

- | | |
|---|---|
| 1. Program/presentation date: ____/____/____ | 3. Organization reps to be present: _____ |
| 2. Project location: _____ <i>(Photo Op.)</i> | 4. Rotarians present: _____ |