

COUNTY CENTER ROTARY
COMMUNITY SUPPORT
ASSOCIATION,
AN UNINCORPORATED
ASSOCIATION

GRANT APPLICATION

Requested

By: _____

Name of Organization

COUNTY CENTER ROTARY COMMUNITY SUPPORT ASSOCIATION

P.O. Box 1366
Visalia, CA 93279-1366

BEFORE YOU PROCEED:

- Your proposal must be attached to this application and returned to the **County Center Rotary Community Support Association**, Attention: **Grants Committee**.
- Application review is a 3 week process. The Board of Directors normally meets on the third Tuesday of each month. Please allow adequate time for your application to be considered.
- Your proposal must include:
 - Needs Statement
 - Objective of the project to be funded
 - Your organization’s qualifications to carry out the project
 - Whether the project is new or ongoing
 - Constituency to be served
 - Community and volunteer involvement
 - How the project will be evaluated
 - Your plans for continued funding of the project, if applicable
 - A one page project budget
 - An organizational budget
 - A list of other funding sources, in hand or applied for.
 - Supplemental information, as appropriate, will be considered.
- Incomplete applications will not be considered and will be returned.
- If you have not been determined a tax-exempted organization under 501(c) (3), please attach a copy of your Application for Exempt Status.
- Have you discussed your project with any member(s) of the **Visalia County Center Rotary Club**? If yes, please identify.

Any information, photos or other material you provide in your request may be used by the **County Center Rotary Community Support Association** and/or **Visalia County Center Rotary Club** in press releases, reports, research or other published matter unless confidentiality is specifically requested. NOTE: Applications are considered for funding after July 1 of the current year and continue until June 30 of the following year. Applying early is encouraged.

Signature of Contact Person _____ Date _____

COUNTY CENTER ROTARY COMMUNITY SUPPORT ASSOCIATION

P.O. Box 1366

Visalia, CA 93279-1366

APPLICATION FOR FUNDING

Name of Organization: _____

Address: _____ City/State/Zip: _____

Authorized Contact Person: _____ Title: _____

Phone: _____ Email: _____

Mission/Purpose of Organization (objectives, past accomplishments, future goals, long-range plans, etc. Use one additional sheet of paper if necessary) _____

Year Founded: _____ Total Current Operating Budget: _____

Primary source of budgeted funds: _____

Incorporated as Non-Profit: Yes ___ No ___ If yes, date incorporated: _____

Tax Exempt under IRC 501(c) (3)? Yes ___ No ___ **Federal Tax ID #** _____

If exempt under IRC 501(c)3, please attach the determination letter received from the IRS.

Has Organization requested a grant from CCRCSA in the past? _____ When? _____

Amount? _____ Was grant awarded? Yes ___ No ___ If yes, for what amount \$ _____

What was this grant used for? _____

Proposed use of current grant request: _____

Amount requested: _____ Total project cost: _____

Estimated project timeline (start and completion): _____

Source of other funds to support project: _____

How many persons do you estimate will benefit from this grant? _____

What will be the expected duration of effect from the grant? _____

What are your proposed start and completion dates for use of this grant? _____

Without the CCRCSA Grant, does your project go forward? Yes _____ No _____

If the CCRCSA Grant is one-time only, how will you sustain yourself in the future? _____

What are the criteria by which you will measure the success of the endeavor? _____

When will you know the results of your endeavor? _____

How will you report your results to CCRCSA? _____

Will there be public or published acknowledgment of this grant? _____

What percentage of the project will be devoted to overhead? _____

Board of Directors Name Years on Board Employed by Occupation

Chair				
Vice-Chair				
Treasurer				
Secretary				
Board Member				
Board Member				
Board Member				

No. of Executive Committee meetings/year: ___ No of Board of Directors' meetings/year: ___

How, and to what extent, do the Directors participate in the programs of the organization?

How many compensated staff members do you have? _____

Do you utilize volunteers? Yes ___ No ___ If yes, how many? Full-time: _____ Part-time: _____

What percentage of total service delivery (man hours, staff support) do they provide? _____%

Are outside fundraisers employed? Yes ___ No ___ If yes, on what basis are they paid? _____

Are accounts audited by: A CPA _____ An auditing committee of the Board _____ Other _____?
Specify:

I certify that the aforementioned and enclosed information is complete and accurate: (To be signed by the Chair of the Board, or other Board Member)

Signature: _____ Title: _____ Date: _____