

## Application for Funds or Assistance

Columbia Center Rotary  
Community Service Committee

The *Community Service Committee* focuses on support for community enhancements and for projects that support underserved and vulnerable populations (such as persons with disabilities, the young or aged, or those in poverty) in the Tri-Cities, WA region. Eligible organizations meet these criteria:

1. Registered 501(c)(3) not-for-profit organization in good standing with the IRS and complies with the USA PATRIOT Act;
2. Registered with the Washington State Secretary of State as a charitable organization (except if annual revenue is less than \$50,000); and
3. Does not engage in discrimination because of race, color, national or ethnic origin, age, religion or creed, disability, sex, sexual orientation, gender identity or expression, veteran status, or any other characteristic protected under applicable federal or state law in the delivery of services.

Please check the box below that describes the support requested in this application:

**Requests for Funds:** Funding requests, of up to \$3,000, are accepted for the following:

- One-time needs or projects, and
- New programs/projects to meet emerging or expanding community needs.

Funds are NOT available for annual or regularly scheduled events, ongoing operational needs (i.e., overhead such as salaries or rent), fundraising efforts of a person or organization that benefit another organization, and for individual or family needs.

**Amount Requested:**

\$

**Requests for Assistance:** Requests for volunteer help or “hands-on” assistance such as moving furniture, setting up/taking down displays, and other basic tasks. The assistance could be for a non-profit organization or for a person identified by a non-profit organization. Complete all of this application except Section 2, #6.

How did you hear about this funding/support opportunity?

**INSTRUCTIONS:** Submit this completed application at least one week prior to the *first Thursday of each month*. Note that the typical review process takes 4-6 weeks. Use one of these methods to submit:

Email: [dhaller762@gmail.com](mailto:dhaller762@gmail.com)

Mail: Columbia Center Rotary Club, Community Service Committee,  
6222 W. John Day Ave., Kennewick WA 99336

### Section 1: AGENCY INFORMATION

1. Agency Name

2. Federal EIN

3. **State UBI number**

4. **Executive Director/Primary Contact**

5. **Primary Contact Daytime Phone**

6. **Primary Contact Email**

7. **Mailing Address**

8. **Agency Background**—When and why the organization was started in our community.

9. **Agency Description**—Purpose of the organization and a brief description of services it provides and the clients it serves.

10. **Past Support**—If your organization previously received funding from Columbia Center Rotary or other Rotary Clubs, please describe date, purpose and amount.

**SECTION 2: PROGRAM PROPOSAL**

*Describe the proposed program or services that are specifically supported by this request. Do not describe all services provided by your organization—focus on those related to this application. Be specific regarding how the requested funds or volunteer assistance would benefit our community.*

1. Program Name

2. Describe the program, activities or services specifically addressed by this application. What will your organization do if you are granted this request for support?

3. How will the requested support be used for the above described program or services?

**4. Beneficiaries of this Support**—*Clearly identify the population or clients who will benefit from the proposed program. Describe who they are, how many will be served, and how they will benefit from this funding.*

**5. Results of this Support:** How will progress toward the purpose/benefits, described above, be evaluated?

**6. Program Budget**—Complete this section if this is a request for money. Do not complete this section if this is a request for non-cash assistance. Describe the budget for this project (not for the entire organization). Please ensure that Total Project Expenses = Total Project Revenue. Note: *After completing this section, please review your responses to #4 and #5 above. Funding approval is more likely for applications that specifically identify how the use of funds described in this section benefit our community (as described in #4 and #5).*

- **Uses of Funds:** *In the chart below, describe the categories of expenses needed for this project (e.g., food, marketing, supplies, equipment, contracted services, room rental, etc.).*
- **Sources of Funds:** *Describe all sources of funds used to pay for expenses related to this project.*

Uses of Funds	
Description of Expenses	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total project expenses</b>	<b>\$</b>

Sources of Funds	
Description of Revenue (Do not list in-kind or non-cash support.)	Amount
Amount provided by the organization	\$
Amount of cash provided by other sources (list in #7, "Other Support" below)	\$
Amount requested from Columbia Center Rotary	\$
<b>Total project revenue</b>	<b>\$</b>

7. **Other Support**—List other sources of support for the proposed program. For each source, list who, how much and if the support is confirmed or proposed.

8. **Scalability**—If Columbia Center Rotary is only able to support a portion of your request, how might you still achieve the program or services you’ve describe in this application?

9. **Acknowledgement**—How would your organization recognize/identify Rotary’s support for this project?

10. Date you submitted this application: