[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&cad=rja&uact=8&ved=2ahUKEwiA0YG0_eXdAhVJG6wKHbkICBoQjRx6BAgBEAU&url=http://www.cenlafocus.com/2016/11/the-rotary-club-of-alexandria-celebrates-100-years-of-service-in-central-louisiana/&psig=AOvVaw2epXVT6NB4atoFFC_mwnPM&ust=1538508566739654)

Rotary Club of Alexandria

P. O. Box 12306, Alexandria, LA 71315-2306

Request for Funds Application for 2024

Application Process:

Complete the Request for Funds application and forward the original to the Rotary Club of Alexandria, Attn: Grant Chairman, P. O. Box 12306, Alexandria, LA 71315-2306. The application must be completed in full. Incomplete forms or other deviations from the application format may result in the application being returned. All complete applications will be considered by the Board of Directors. Action taken on any application will be communicated to the applicant by the Grant Chairman. The application must bear the signature of the CEO/President/Executive Director and the Project Manager involved in the project. The application must be signed by at least two persons authorized by the requesting organization. Each person signing the application assumes responsibility for compliance with the guidelines and procedures. All requests are subject to availability of funds.

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Program Request: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name and Location of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Activity Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time event has been in existence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected participation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Budget for Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the cash contribution your organization is making to this project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization requesting funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Tax Identification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

501(c)(3) Tax-Exempt: YES\_\_\_\_ NO\_\_\_\_\_ (*Please attach copy)*

* Briefly describe your organization’s history and purpose.
* Please list your organization’s other funding sources and amounts from each for this project/event.
* Please provide an executive summary of the program or project for which funds are requested.

CERTIFICATION

We certify that the information in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CEO/President/Executive Director Project Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date

**Rotary Club of Alexandria**

**P. O. Box 12306, Alexandria, LA 71315-2306**

**Funding Guidelines**

Purpose & Program Goals Funding is provided according to the policies approved by the Rotary Grant Committee and Rotary Board of Directors. All programs selected for funding should “Create Hope in the World”***,*** which is derived from the 2023-2024 Rotary International theme. Explain how your project will “Create Hope in the World” for your organization, our community or participants of your program.

Application Deadline: Applications are due by Tuesday April 16th 2024. They may be mailed to the Rotary Club of Alexandria, Attn: Grant Chairman, P. O. Box 12306, Alexandria, LA 71315-2306 or emailed to Scott Laliberte at [scott@thediamondgrill.com](mailto:scott@thediamondgrill.com). The Rotary board reserves the right to disqualify an application received after that date. Partial or incomplete applications will not be eligible for consideration. Your non-profit may submit one request each year.

Project Activity Dates: All projects must take place during the budget year for which it is funded.

Project/Event Development: Granting is intended to fund projects, which will open opportunities and make a significant positive impact in our community.

Non-profits focusing on education, healthcare, social services and   
cultural arts are eligible for funding.

Funding is **not for operating expenses.**

Funding is to go to programs or projects, **not to capital campaigns.**

Funding must go specifically to the project or event approved.

Eligibility: Non-profit organizations, including social, arts, humanities, and cultural organizations under section 501(c)(3) of the Internal Revenue Code may apply for funding for one event each granting cycle.

Annual Support: The funding of an annual event in one year does not obligate the Rotary Club or its Board of Directors to continue support for the project/event in subsequent years.

Recognition: Organizations receiving funding by the Rotary Club of Alexandria will credit the Rotary Club with any advertising which is produced for the project/event.

**Guidelines are to be strictly followed. The Grant Chairman and Board of Directors reserve the right to demand that any and all funding be immediately returned if guidelines are not followed.**

Rotary Club of Alexandria

P. O. Box 12306, Alexandria, LA 71315-2306

Funding Request

Required attachments for application consideration:

* The organization’s mission statement.
* A current list of Board of Directors.
* A copy of the current year operating budget.
* A copy of the IRS letter documenting 501(c)(3) tax-exempt status, if applicable.
* A copy of current budget information for event. (Complete the attached budget worksheet.)

**Expectations from Project for Which Funding is Requested**

Funding for this grant comes from the Rotary Club of Alexandria.

1. In a paragraph, explain how your project or event will “Create Hope in the World”.

2. If your project truly inspires and leads to consequential action, what are your expected results?

3. Has this event been held in Rapides Parish previously? If so, how was it funded?

Sample Budget Estimate Worksheet

Name of Event

Organization

Contact Person

Request Period

Amount Requested \_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Advertisement/Publicity/Promotion\*** | **Estimated Cost** | **Matching Funds** | **Brief Description** |
|  |  |  | Use additional sheets if necessary. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Activity** | **Estimated Cost** | **Matching Funds** | **Brief Description** |
| **Banquet/Event/Program Cost** | |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Operational Support** | **Estimated Cost** | **Matching Funds** | **Brief Description** |
|  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL**  **ESTIMATED COST** | **TOTAL**  **MATCHING FUNDS** |  |
|  |  |
|  |  |  |  |
|  |  |

Total Estimated Revenue $

Total Estimated Cost $