## Background

Membership growth is our top priority in District 6220. Members are the lifeblood of thriving clubs, and thriving clubs are the lifeblood of Rotary.

Working through our district’s Assistant Governors, each club is completing a “Club Growth Readiness Assessment” to help identify areas of strength and key gaps that – if addressed – will put clubs in a better position to grow. District 6220 offering matching grants of up to $400 to help clubs close critical gaps that will enable them to grow in the near- or longer term.

## Important Information

* Applications will be accepted through June 2025.
* Grants of up to $400 must be matched with club funds.
* Just one matching grant per club will be awarded during this 2024-25 Rotary year.
* Your club’s assistant governor must be aware of your proposal and will be asked to approve it as part of our decision process.

## Application

### Part One: Applicant Information

|  |  |
| --- | --- |
| **Name of Rotary/Rotaract Club** |  |
| **Name of Club Contact** |  |
| **Primary Phone Number** |  |
| **Email Address** |  |
| **Name of Club’s Assistant Governor** |  |
| **Address Where Check Should be Mailed** |  |

### Part Two: Project Information

|  |  |
| --- | --- |
| **General Description:** In a few sentences, describe the initiative to be funded in part by this grant? |  |
| **Expected Results:** How does your club anticipate the initiative described above will help it attract new members in the near-term, or put your club in a better position to grow in the longer-term? |  |
| **Timeline:** What do you anticipate will be the approximate starting and ending dates of this initiative? |  |
| **Growth Readiness Assessment:** How does this idea address gaps or opportunities identified through your club’s Growth Readiness Assessment? |  |
| **Estimated Budge and Grant Request:** What is the estimated cost of the initiative, and what is your grant fund request (max $400)? |  |
| **Use of grant funds:** How will grant funds be used? |  |

### Requirements

Please type “Yes” next to each statement to signify that your club meets the following requirements in order to receive a Club Growth Grant.

|  |  |
| --- | --- |
|  | Our club will submit a report on the initiative and outcomes once completed. |
|  | Our club has a Membership Committee Chairperson. |
|  | Our club has entered a Club Membership Goal in Rotary Club Central. |
|  | Our club has consulted our Assistant Governor is developing this proposal. |
|  | Our club has (or is proposing to establish) an up-to-date digital presence (website, Facebook) that lets people in our community know about our club and invites them to join us. |

### Signatures

Submission of this application requires signatures from your club’s President and Membership Chair.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name - Club President |  | Signature (OK to type name) |  | Date |
|  |  |  |  |  |
| Name - Membership Chair |  | Signature (OK to type name) |  | Date |