



Rotary Club of Battle Creek Grant Application

Quarterly Grant Cycle:	Focus Area of Project/Program
<input type="checkbox"/> 1st Quarter – due July 1	<input type="checkbox"/> Education
<input type="checkbox"/> 2nd Quarter – due October 1	<input type="checkbox"/> Youth programming
<input type="checkbox"/> 3rd Quarter – due January 1	<input type="checkbox"/> Health/human services
<input type="checkbox"/> 4th Quarter – due April 1	<input type="checkbox"/> Senior services

Date of Application: _____ Date rec'd (completed by Grant Chair): _____

Grantee: _____

Street Address: _____ Phone: _____

City: _____ State: Michigan Zip: _____

Person completing application: _____ Email: _____

CEO/Executive Director (if different than above): _____

Grant amount requested: \$ _____ Total Project Budget: \$ _____

Identify the source and amount of funding that is expected (proposed) and/or that have already been received for this project (secured):

Has your organization received a grant in the last two years from our club? YES NO

Has Rotary Club of Battle Creek funded this project in the past? YES NO

NARRATIVE (Maximum 1500 Characters)

1. What is the purpose and goals for this project/program?

2. Who will benefit from this program/project?

3. How will funds from Rotary Club of Battle Creek be used?

4. How will your program be evaluated to determine if it was successful?