**ROTARY DISTRICT 6360 FOUNDATION**

**Grant Policy, Guidelines and Application**

The Rotary District 6360 Foundation provides Grants to Rotary Clubs within District 6360 for community service projects.

Special consideration is given to requests meeting one or more of the following conditions:

* Seed money to launch new or pilot programs that if successful, should be able to generate its own future support.
* Capital expenditures necessary for important charitable or civic programs.
* Special programs which compliment the precepts of Rotary.
* Matching funds to leverage or help generate additional outside support.
* Programs where the local Rotary Club is actively involved in the project.
* Programs that have visible Rotary identification to make the public aware of Rotary involvement.

Priorities will be given to those projects that benefit the community most meaningfully, benefit the greatest number of people in the community and to those groups with the greatest degree of need.

# Grants for maintenance or operating funds are to be considered exceptions to the guidelines and generally are not recommended to the board for approval. In addition, the Foundation will generally not consider consecutive or multi-year funding requests.

**The deadline for grants is March 31 each year.** A Club may only apply for one grant per year.

# The Foundation prefers to fund matching grant applications from $500 - $2,500.

Grant funds are to be expended only for the purpose for which they were intended. Unused funds are to be returned to the Rotary District 6360 Foundation.

Grant applications from Clubs with outstanding Final Reports from previous grants will not be considered.

# On a separate sheet of paper, briefly describe your project. Description must be typed or computer generated and SHOULD BE NO LONGER THAN ONE PAGE. Include:

* A 35-word or less summarized description of the project.
* A description of how the project fulfills an unmet need in your community.
* Whether this is a new program.
* Whether this is to be a continuing project. If so, explain how the organization will continue to fund the project.
* What you intend to do with the funds.
* Whether the funds requested are for capital expenditure or for a specific service.
* Whether your request is for matching funds, or seed money.
* How many individuals will be served by this project?
* A description of your Club involvement in the project. How many in Club? How many involved in the project? What will Club members be doing?
* A description of how your Rotary Club will be identified with this project.
* A description of how you will publicize this project and being the recipient of the grant.

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| PROJECT NAMENyaka AIDS Orphans Project - Bicycle Project | AMOUNT REQUESTED2,500 |
| NAME OF APPLIYING ROTARY CLUBWilliamston Sunrise Rotary | PRESIDENTMerlin Hopkins |
| ADDRESS3400 Kathy lane, Williamston, 48895 | TELEPHONE517 655-4973 |
| CITYWilliamston | STATEMI | ZIP48895 | E-MAIL ADDRESSmhopkins3434@gmail.com |
| CONTACT PERSONMichael Fielek | ADDRESS , E-MAIL & PHONE IF DIFFERENT THAN ABOVE797 E. Sherwood, Williamston, MI 48895 ; thefieleks@yahoo.com; 517 256-1020 |

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| --- | --- | --- |
| TOTAL NEEDED FOR PROJECT | $97,000 | see attachedUSE A SEPARATE SHEET IF NECESSARY |
| ANTICIPATED FUNDING SOURCES |
| APPLYING ROTARY CLUBWilliamston Sunrise Rotary Club | $2,500 |
| OTHER | $ | NAME | FUNDS COMMITTED? |
|  | $ | NAME | FUNDS COMMITTED? |
|  | $ | NAME | FUNDS COMMITTED? |
|  | $ | NAME | FUNDS COMMITTED? |
|  | $ | NAME | FUNDS COMMITTED? |

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| WHAT ARE THE ANTICIPATED BEGINNING AND ENDING DATES OF THE PROJECTProject fund raising has begun, Williamston Club would support efforts of the Lansing and East Lansing Rotrary Clubs. Lansing would be the lead. |
| WILL THE GRANT APPLICANT ACCEPT LESS THAN THE REQUESTED AMOUNT? |
| Yes |
| PLEASE LIST PREVIOUS GRANTS FROM THE ROTARY DISTRICT 6360 FOUNDATION AND THE YEAR RECEIVEDNo grants for this project have been requested. |

Please Attach:  Total Project Budget Detailing Sources of Income and

Expenditures

* + One page description of project as described in grant guidelines on previous page.

Must be signed by the President of the applying Rotary Club

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| --- | --- |
| NameMerlin Hopkins | Signature |
| TitlePresident | NAME OF ROTARY CLUBWilliamston Sunrise Rotary Club | Date4/18/2014 |

# Submit the ORIGINAL and three (3) copies of the application and all attachments to:

Carl A. Schoessel 269-948-8658

747 Terry Ln. coachschoessel@hassk12.org Hastings, MI 49058-9350

**FOR ROTARY DISTRICT 6360 FOUNDATION USE** Date received: