***Please note that the Grant Application is a two-page document, with additional documentation necessary as outlined on page 2. A fully completed application is necessary for consideration of the grant request. Please note any extenuating circumstances that may preclude submission of a complete application.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name of Applicant:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** | | |  | | | | | | | | **Email:** | | | |  | | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| **Amount Requested:** | | |  | | | | | | | | **Payable to:** | | | | |  | | | | | | | | | | | | |
|  | | |  | | | | | | | |  | | | |  | | | | | | | | | | | | | |
| **Population Served by Project:** | | | | | |  | | | Northville Community | | | | | | |  | | | SE Michigan | | |  | | Other: | |  | | |
|  | | | | |  | | |  | | | | | | | | |  |  | | |  | |  | | | | |  |
| **Purpose/Use of Grant Funds:** | | | | | |  | | | Fighting Disease | | | |  | | Supporting Education | | | | | | | |  | | Food/Security | | |  |
|  | | | | | |  | | |  | | | |  | |  | | | | | | | |  | |  | | |  |
|  | Supporting Families & Children | | | | |  | | | Community Support | | | | | |  | | Protecting Environment | | | | | | | |  | | Clean Water | |
|  | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
|  | Other: |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| **Beginning/Ending Date of Project:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Explain the need for and importance of the project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Objective and plan of project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant qualifications and success in delivering project need:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **List other funding sources that have been applied for and/or are committed to the project:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Should the grant applicant/organization cease to exist, or should the activity/project terminate, who will take possession of the property purchased with grant funds?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How did you learn about the Rotary Foundation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I hereby certify that I am an authorized representative of the applicant.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | |  | | **Date** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | |
| **Print Name** | | | | | | | | | | | |  | | **Title** | | | | | | | | | | | | | | | |

**ADDITIONAL INFORMATION NEEDED WITH THE APPLICATION FORM**

**Applicant, please attach the following information to this grant application:**

1. Attach a copy of any event flyers, or other printed project materials (if applicable)
2. Overall budget for the project/activity, including the percent of funding allocated for administrative costs and the percent going to the intended beneficiaries.
3. IRS Letter or Tax ID Number confirming 501(c)(3) tax status (if applicable)
4. IRS 990 Form for most recent year filed (if applicable)
5. Charity Navigator Rating (if applicable)
6. Names and addresses of organization board of directors (if applicable)

***The Northville Rotary Foundation Board of Directors generally meets on the second Tuesday of each month.* *Please email a copy of your grant request and any attachments to*** [***Foundation.NorthvilleRotary@gmail.com***](mailto:Foundation.NorthvilleRotary@gmail.com) ***at least two weeks prior to the Foundation Board meeting date.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **For Foundation Board Use Only – Do Not Complete Below This Line** | | | | | | | |
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| **Board Review Dates:** | |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Board Action:** |  | **Amount:** |  | **Date:** |  |
|  |  |  |  |  |  |

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| **Board Comments:** |  |

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| --- | --- | --- | --- |
| **Grant #FY** |  | **-** |  |