**Prospect/Goshen Rotary Foundation Funding Request** Rev. July 2019

Complete this form with attachments as indicated. Keep a copy for your records, and submit the original to the Foundation Secretary. Requests are accepted for review Quarterly with due dates of Jan 31, April 30, July 31 and Oct 31. Approved funds are awarded April 1, July 1, October 1 and January 1.

**Required Attachments**:

|  |  |
| --- | --- |
| Copy of exemption letter – 501(c)(3) status | Detailed budget for the project including expenses and income |
| IRS form 990 for most recent fiscal year (first 4 pages) | List of Board members, title, affiliations, phone numbers and compensation (if applicable) |
| Income statements/balance sheet for the two most recent fiscal years(audited) |  |

|  |  |  |
| --- | --- | --- |
| Date of Application: |  |  |
| **Sponsoring Rotarian:** |  | |
| **Amount Requested:** |  | |
|  | Prior PG Rotary Awards (Year and Amount) : |  |
| **Organization Information:** | Name |  |
| Address |  |
| City, State Zip |  |
| Executive Director |  |
| Phone |  |
| Email: |  |
| Contact Name: |  |
| Contact Phone: |  |
| Contact Email: |  |
| Federal Tax ID |  |
| Non Profit Status |  |
| Exempt Status |  |
| Affiliations with other organizations |  |
| **Funding Information** | Annual Operating Budget |  |
| Current Year |  |
| Previous Year |  |
| **Personnel** | Number of FT employees |  |
| Number of PT employees |  |
| Number of Volunteers |  |
| Number of Directors on Board |  |

Other Funding Sources: Metro United Way Federal Government State Government

Local Government Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Description:**

|  |  |
| --- | --- |
| Nature, Scope and current status of Project |  |
| What need is being addressed by this project? |  |
| Who will benefit? Estimated number of people will this benefit. |  |
| Are other organizations involved? If so, who? |  |
| Start and End Date of Project |  |
| Total project cost/budget |  |
| % of current year budget |  |
| Other funding sources (List name and amount from ) |  |

Certification:

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

Signature of Officer Date

*This signature certifies that the fund seeking organization retains its public charitable status stated above, and further certifies that this status is not in danger of being revoked. In addition, this signature affirms that the funding organization (Rotary Foundation of Prospect/Goshen) has not received any goods or services in conjunction with this request, and that all information is correct to the best knowledge of the signer.*

**Disposition**

Date of Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED REJECTED

Board of Directors Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_