

Ponte Vedra Beach Rotary Foundation, Inc.

P.O. Box 70 Ponte Vedra Beach, FL 32004 E-mail: Dionne@smithbooksinc.com

"Service Above Self"

2021 Charitable Grant Application (United States)

Grant Making Policies for Local Grants of The Rotary Foundation of Ponte Vedra Beach

The Rotary Foundation of Ponte Vedra Beach seeks to fund worthwhile projects and programs in our community developed and administered by Florida 501(c)(3), non-profit organizations. Priority consideration for funding will be given to those proposals that address the needs of the following: the elderly, children and youth, persons with disabilities, persons from underserved communities, children who would not have access to programs, experiences and activities due to health and/or socioeconomic factors, and/or programs and projects that promote health and wellbeing and/or those that benefit the environment. Please note the typical grant award is between \$500.00 and \$3,000.00.

Due to COVID-19 the grant submission date has been extended. Applications must be submitted electronically in PDF format on or before 5p.m. on the May 31, 2021 to be considered. If the grant proposal is submitted after date and time it may not be considered.

Grant Document Checklist:

- Each question on grant application <u>must</u> be answered completely. Please note new questions on COVID-19
- A budget for the requested funding or a detailed description of how funds will be utilized and number of people who will benefit from funding is required.
- Determination Letter from IRS with Corporate Status.

Please e-mail the completed grant application and any supporting documentation to <u>Dionne@smithbooksinc.com</u> (Club Administrator). You will be contacted via e-mail to confirm the receipt of our application. For additional information call 904-534-2207 or visit www.pvbrotary.org.



Organization Name:				
Address:	City:	Stat	e:	Zip:
Contact Name:	· · ·	·		
Telephone:	Office:	Fax	:	
Email:		Website:		
Amount of Funding Request		\$		
<u> </u>				
Will this project be funded from	sources other than	The Rotary Foundation	of Ponte Ved	ra Beach?
Yes No				
If you answered yes, list grantors/	funders:			
If this projected is not fully fund	ed, do you agree to	return the grant to the F	Rotary Founda	tion of Ponte
Vedra Beach?				
Yes No				
Has your organization ever received funding from either the Rotary Foundation of Ponte Vedra Beach or the Rotary Club of Ponte Vedra Beach?				
Yes No I	f you answered yes,	when?		
What is the mission of your Org	anization? (Attach	reconstruction here abuse if	complicable)	
what is the mission of your Org	amzation? (Attach C	organization brochure in	applicable.)	
Attach Internal Revenue Service (IRS) determination letter.				
A) Description of the project, B) use of funds, and C) how many people will benefit.				
Where are the beneficiaries loca	ted? St. Johns	County	Duval Coun	ty

Elsewhere in US. Please specify.



Who are the beneficiaries of the program or projects?		
Senior Adults	Persons w/disabilities	Children/youth
Other, please specify:		

Is there a Rotary connection with your organization? E.g. A member of your board or staff is a		
Rotarian or Rotary has provided your organization with volunteers for a community service project.		
Name of Contact:	Title:	
Telephone:	Email:	
Connection with Rotary:	·	

Would your organization be interested in:Volunteer services from RotaryPartnering on a major fund raiserMembership in Rotary

How has COVID-19 affected your organization? How will these funds enhance your response to the additional need in the community as a result of the coronavirus?

The Trustees of the Charitable Fund may require a final accounting of the grant provided by the funding for your project. If so, your organization agrees to provide a final accounting within (30) days of a written request for same. All funded grants must submit a written summary report and photos prior to March 2022 for internal club review.

Application for a Charitable Grant submitted by:		
Name	Signature	
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Title	Date	

Approved by Charitable Fund Application Review Committee:

Chairperson:	_Signature:	
Date:		
Approved by Ponte Vedra Beach Charitable Fund Trustees		
Chairperson:	Signature:	

Date: _____