|  |  |  |
| --- | --- | --- |
|  | | **GAITHERSBURG ROTARY FOUNDATION**  **2020-2021 GRANT APPLICATION** |
| **Thank you for applying to the Gaithersburg Rotary Foundation. The Foundation is the philanthropic arm of the Rotary Club of Gaithersburg. We seek to support those projects in which a Gaithersburg Rotary Club member is actively involved in terms of their financial commitment and/or personal involvement. We appreciate your taking the time to fill out this form to the best of your knowledge.**  ***Instructions on how to complete, and submit this Application:***   1. ***Save this form to your computer.*** 2. ***Type your reply to each item, as applicable, IN THE EMPTY WHITE BLOCK BELOW the numbered item. The white space will open, as needed, as you type.*** 3. **English is the preferred language; applications in other languages may not receive consideration.** 4. **Submit the Application, with up to two pages of supporting documentation, by the stated deadline, electronically to:**  * **Bob Bokma, GRF Secretary at** [**BobBokma@gmail.com**](about:blank) **or** * **Gaithersburg Rotary Foundation, P.O. Box 312, Gaithersburg, MD, 20884** | | |
| **FOR OFFICIAL USE ONLY**  **Deadline : February 28, 2021**  **(Grants for response to public health emergencies may be considered at any time.)**  Identification #:  Date Reviewed : | | |
| **FOR APPLICANTS: Please indicate if details are provided in supporting materials** | | |
|  |  | |
| 1. | Project name: | |
|  |  | |
| 2. | Project location (be precise, please): | |
|  |  | |
| 3. | Name of the person or organization submitting the application: | |
|  |  | |
| 4. | Title, address, e-mail address, telephone and FAX number of the applicant: | |
|  |  | |
| 5.  5a. | Rotarian sponsor name and involvement with the project or organization, as may be applicable:  For international project requests, provide complete contact information for counterparts (Club/District, principal, email and telephone number). | |
|  |  | |
| 6. | Title, address, e-mail address, telephone and FAX number of the Rotarian sponsor, if any: | |
|  |  | |
| 7. | Background of the organization submitting this proposal: | |
|  |  | |
| 8. | Description of the overall proposed project, if applicable: | |
|  |  | |
| 9. | Objectives of the project portion requiring assistance from the GRF. Please address how these align with one of more Rotary International areas of focus. | |
|  |  | |
| 10. | Long-term impact of that overall, and/or, the specific project: | |
|  |  | |
| 11. | Itemize the project budget, the source of funding for each project item specified, the Gaithersburg Rotary Foundation funding requested, and the time of its use. | |
|  |  | |
| 12. | Total cost of the overall project, if applicable: | |
|  |  | |
| 13. | Line item budget for the overall project costs, if applicable: | |
|  |  | |
| 14. | Total funds requested from the Gaithersburg Rotary Foundation: | |
|  |  | |
| 15. | Line item budget for funds to be provided by Gaithersburg Rotary Foundation: | |
|  |  | |
| 16. | If the project is approved, to whom should the funds be payable to,  (name and address): | |
|  |  | |
| 17. | Please attach supporting material as needed. Please limit grant request to no more than 10 pages. | |
|  |  | |
| 18. | The Applicant will report in writing within one year of receiving funds to Gaithersburg Rotary Foundation on how Rotary’s funds were applied to the program implementation. | |
| 19. | The Recipient agrees to prominently display a permanent plaque, or the like, provided by the Gaithersburg Rotary Foundation, that recognizes the support of the Gaithersburg Rotary Foundation. Alternatively, the Recipient will include appropriate acknowledgement in publicity and/or other project documentation. | |
| 20 | The Recipient agrees that if the project is not completed as stated, the funds received from the Gaithersburg Rotary Foundation shall be returned to the Gaithersburg Rotary Foundation. | |
|  |  | |
| 21. | Submission Date:  I AFFIRM AND ACKNOWLEDGE THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  (Name and Signature of Authorized Representative)  Revised 11/2020 | |