

**Easton Rotary
Youth & Community Fund, Inc**
P.O. Box 2132
Easton, MD 21601

GRANT APPLICATION

- 1.Applicant Organization: _____
- 2.Applicant Mailing Address _____
- 3.City _____ State _____ Zip _____
- 4.Primary Contact Person _____
- 5.Title _____ Phone _____ Email _____
- 6.Amount Requested _____
- 7.Please list Grant Requests you have filed with Easton Rotary Club in the last three

years:

	Year	Project	Amt. Requested	Amt. Received
	_____	_____	\$ _____	
			\$ _____	
\$ _____	_____	_____	\$ _____	
			\$ _____	
\$ _____				

1.Date of Founding _____ Date of Incorporation _____

2.Please summarize your organization's principal activities and operations. If

additional space is needed please attach a sheet to this application.

1.How many people are currently employed by or volunteering their efforts to your organization?

	Full Time Paid	Part Time Paid
Volunteer		
Administrative	_____	_____

Technical / Operational	_____	_____

Board Members	_____	_____

Others	_____	_____

1. Please provide the names of the officers and board members of your organization.

1. Please provide a detailed description of the proposed project, need, including information about the goal, the anticipated results, the plan of work, the significance of the project and who will directly benefit from the project.

When requesting multiple items, please break down items by category, priority and a dollar amount requested. You may use additional sheet if necessary.

1. Anticipated date of commencement: _____ Anticipated date of completion _____

2. In-kind services: In-kind, Volunteered or Donated services are important to the success of many projects. Please describe, in further detail, the in-kind services that are anticipated.

COMPLIANCE

I the undersigned, certify that all the information contained in this application is true and accurate. I have been authorized by the appropriate authority in my organization to submit this application to the Easton Rotary Youth & Community Fund, Inc. Grant applications to the Easton Rotary Youth and Community Fund, Inc. must be completed in full by an officer of the organization requesting the grant and may not be a member of or related to a member of the Rotary Club of Easton, Maryland.

I further agree to submit a progress reports at three-month intervals or at the project's completion whichever comes first.

_____Signature _____Title
_____Date

ELIGIBILITY GUIDELINES

The Review and evaluation of grants made by the Easton Rotary Youth & Community Fund, Inc. is base on the following criteria:

- The merit of the proposed program or project based upon the principal purpose of grants awarded.
- The administrative ability of the requesting organization.
- The financial stability of the requesting organization.
- The significance of the proposed program or project to the community.
- The ability of the requesting organization to carry out the project.
- The financial feasibility of the program or project.
- That it shall not be a reoccurring event.