**Albemarle Rotary Club**

**Community Grant Guidelines**

**September 23, 2021**

**What is an Albemarle Rotary Club Grant?**

An Albemarle Rotary Club Grant is a small, non-recurring grant to qualified local nonprofit, governmental and educational institutions. These grants are designed for meeting emerging or unmet needs, and/or to support innovative solutions to local issues.

**Eligible Organizations**

Applicants must be nonprofit, tax-exempt organizations. Eligible organizations include 501(c)(3) non-profit organizations, governmental and educational institutions.

**Grant Timeline**

Completed applications will be reviewed annually. Applications must be submitted and postmarked by October 23, 2021. Awardees will be determined in November. Notification of grant awards will follow.

**Focus Areas**

In determining where to invest, Albemarle Rotary Club looks to partner with organizations working in one of the following theme areas of Community Enhancement:

* Education
* Youth Leadership
* Critical Social, Health & Urgent Care Services
* Community Safety
* Quality of Life

**Areas not typically funded:**

* Capital campaign requests
* Duplication of existing programs or services by new organizations
* Endowment funds
* General operating support
* Travel and conferences
* Projects that promote political or religious views
* Sponsorships of fundraisers

**Grant Size**

The Albemarle Rotary Club will award grants up to $5,000 to eligible organizations. However, actual award amounts will be decided based on merit of the project or program and the available funds.

**How are Rotary Grant recipients chosen?**

Rotary Grant applications will be reviewed by the Grant Committee. The Grant Committee will recommend selection to the Rotary Club Board of Directors. Applications will be scored based on the following:

* Albemarle/Stanly County Needs
* Impact on Albemarle/ Stanly County
* Opportunities for Collaboration with other Organizations
* Ability to Secure other Funding
* Potential for Measurable Outcomes/Results

**Directions:**

Please review the following requirements to apply for an Albemarle Rotary Club Grant. If your organization qualifies, complete the application and submit (2) copies of the application and (1) copy of all attachments (found under “Application Checklist”) to:

Albemarle Rotary Club Grant Application

Albemarle Rotary Club

PO Box 333

Albemarle NC 28002

Applications and attachments must be postmarked by **October 23, 2021.**

Email questions to Todd Swaringen, Community Grants Committee Chairman at

todd@beaneswaringen.com

**Qualifications to Apply:**

* You must be a nonprofit organization who currently has IRS 501(c)(3) tax-exempt status or a governmental/city/ educational entity.
* The funding you are applying for must be for the direct benefit of the Stanly County community.
* The program you are applying for must not be currently funded, directly or indirectly, by the Albemarle Rotary Club.Previously funded agencies/programs will not be funded for the same program for more than two consecutive years.
* **Albemarle Rotary Club Grant recipients must complete a program report, due no later than September 30 of the award year.**

**Application Checklist:**

Completed, Signed Application—**2 Copies**

IRS Tax Exemption Letter—**1 Copy**

Most recent IRS Form 990—**1 Copy**

Organizational Attachments (This includes any **relevant**, supplemental information that supports your application for funding)—**1 Copy**

**Submission Instructions:**

* Applications must be typed
* Applications must be complete, signed & include 2 copies of application AND 1 copy each of all attachments
* Applications and attachments must be submitted by mail.
* Applications and attachments must be received by **October 23, 2021.**

**Organization Information**

**Legal Name**

**Operating Name** (if different from above):

**Physical Address**

**City**       **State**    **Zip**

**Mailing Address**

**City**       **State**    **Zip**

**Office Phone** (   )    -     **Fax** (   )    -

**Person completing this application:**

**Phone**: (   )    -     **E-Mail**

**Website**

**Executive Director/CEO**

**Board Chair**

**Organization Mission**      

**Which of the following areas does your organization serve?**

Education Youth Leadership  Community Safety Quality of Life

Critical Social, Health, and Urgent Care Services

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

**Executive Director/CEO Date**

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

**Board Chair Date**

**Program Information**

**What is the name of the program for which you are requesting funding?**

**What research, data and/or indicators have you identified that show a need for this program?**

**Briefly summarize the program:**

**Briefly explain how funds will be used**:

**Are any other organizations operating similar programs in Stanly County?**

**Has your organization ever received funding from the Albemarle Rotary Club?**

Yes  No

*If yes, please complete the following*:

|  |  |  |
| --- | --- | --- |
| **Funded Program** | **Funding Amount** | **Fiscal Year** |
|  | $ |  |
|  | $ |  |
|  | $ |  |

**PROGRAM/PROJECT BUDGET—CURRENT REQUEST**

### Program/Project Income Fiscal Year: \_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** |  | **Amount Committed** | **Amount Pending\*** |
| Support |  |  |  |
| Government grants |  | $ | $ |
| Foundations |  | $ | $ |
| Corporations |  | $ | $ |
| Partner Contributions |  | $ | $ |
| Individual contributions |  | $ | $ |
| Fundraising events and products |  | $ | $ |
| Membership income |  | $ | $ |
| In-kind support |  | $ | $ |
| Investment income |  | $ | $ |
| Albemarle Rotary Club Grant |  | $ | $ |
| Revenue |  |  |  |
| Government contracts |  | $ | $ |
| Earned income |  | $ | $ |
| Other (specify) |  | $ | $ |
|  |  | $ | $ |
|  |  |  |  |
| **Total Income** |  | **$** | **$** |

\*Note: Pending sources of support include those requests currently under consideration. Please indicate anticipated decision date.

### PROGRAM/PROJECT EXPENSES

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** |  | **Amount** | **% RC Funds** |
| Salaries and wages (break down by individual position and indicate full- or part-time.) |  | $ | $ |
| Part time |  | $ | $ |
| Full Time |  | $ | $ |
|  |  | $ | $ |
| SUBTOTAL |  | $ | $ |
| Insurance, benefits and other related taxes |  | $ | $ |
| Consultants and professional fees |  | $ | $ |
| Travel |  | $ | $ |
| Equipment |  | $ | $ |
| Supplies |  | $ | $ |
| Printing and copying |  | $ | $ |
| Telephone and fax |  | $ | $ |
| Postage and delivery |  | $ | $ |
| Rent and utilities |  | $ | $ |
| In-kind expenses |  | $ | $ |
| Depreciation |  | $ | $ |
| Other (specify) |  | $ | $ |
| Total Expense |  | $ | $ |
| **Difference (Income less Expense)** |  | $ | $ |

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