

**Community Grant Application**

To Potential Grantee,

Your organization has been recommended by a member of our Club as a potential recipient of a grant funded by the Club’s annual fundraising.

This application must be received by Sept. 15, 2024, for funding prior to July 1, 2025. To submit the application or for assistance, please contact our Service Projects Chair, Pam Hilbert, pthilbert@yahoo.com. If you do not get acknowledgment of receipt within two days, please contact Pam at 252-725-3136 and leave a message in case the email was not received. You can also mail a completed application to, Rotary Club of Morehead City Noon, Attn: Service Project Committee, PO Box 1975, Morehead City, NC 28557.

Please provide the following contact information:

*Organization Name*

*Contact Person’s Name, Mailing Address, email, Phone number*

*Organization Mailing Address, email, Phone Number*

*Organization Website*

*Is your organization a 501C \_\_yes \_\_no*

**Project Information**

Please provide the following information as clearly and succinctly as possible:

*Project Title:*

*Amount Requested from the Rotary Club of Morehead City Noon:*

*Project start/end dates:*

1. Project Description. Summarize the proposed project in two or three short paragraphs. Indicate target group, what will happen, when and where it will occur. If this is a capital expenditure, describe how equipment will be used.
2. If this is a capital expenditure, how will upkeep and replacement parts be funded?
3. Has this organization ever applied for funds from the Rotary Club of Morehead City Noon before? If so, please indicate amount of funds received and for what purpose those funds were used.
4. How would partial funding impact this project/program?
5. How many people will be served by this project?
6. Describe how the project’s success will be evaluated?

7. How will support by the Rotary Club of Morehead City Noon be acknowledged?

**Project Financial Information** (You may attach worksheet if desired)

Total Project Costs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Income Sources other than Rotary Grant

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Itemize Planned Expenses

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If funded, a Grant Check should be made out to:*

*A Grant Check should be sent to (mailing address):*

**Authorized Signature**: The signature below is that of an authorized person that can testify to the accuracy of the application and the person who agrees to acknowledge Rotary Club of Morehead City Noon and that all unused funds will be returned to the club.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_

**Rotary Club Use Only:**

*Date submitted:*

*Member Facilitating Submission (if applicable):*

*Date Considered:*

*Date Approved\_\_\_\_\_\_\_ or Disapproved\_\_\_\_\_\_\_\_:*

*Amount approved:*

*Date Payment Sent:*

*Notes for Committee and/or Grantee:*