Rotary Club of Charlotte

Name of Organization: _____

Does the organization have tax-exempt
status under I.R.S. 501(c)(3)? _____

Organization's Address: _____

Name of Executive Director or CEO: _____

Contact Name and Title: _____

Contact Phone: _____

Contact Email: _____

Requested Grant Amount*: $ _____
*Only in exceptional circumstances will requests for grants in excess of $2,500 be considered.

Basic Education & Literacy · Maternal & Child Health · Peace & Conflict Prevention/Resolution · Disease Prevention & Treatment · Water, Sanitation & Hygiene · Community & Economic Development · Support the Environment

While not mandatory, does the proposed project, campaign or event complement one or more of the (above) seven Rotary focus areas (see rotary.org/en/our-causes)? If so, which ones?

_____

_____

_____

Does your organization currently receive assistance
(volunteer or financial) from Rotary at the club or district level? _____

If yes, describe the assistance your organization receives from Rotary and involvement with your
organization by members of Rotary:

_____

_____

Are there opportunities for Rotary membership engagement and collaboration with your organization in general and the event or program for which the grant is made in particular?
If yes, please describe those opportunities:

_____

_____

Is the person making the request a Rotarian? If so, which club? _____

What is your organization's mission and who does it help or support?

_____

_____

How will the funds be used and how will they assist in achieving your organization's mission?

_____

_____

What will the Rotary Club of Charlotte receive in exchange for awarding the requested funds (e.g. tickets, volunteer opportunities, recognition on website/signage, speaking opportunities)?

_____

_____

If this request is for an event please answer:

1. Is this a first-time or annual event? _____

2. What is the budget for this event? _____

3. What is the expected attendance (or) overall impact? _____

4. Does your organization have customary insurance
   coverage for claims that may be made in respect of the event? _____

How will these funds help promote or relate to the Rotary mission (see rotary.org/en/our-causes)?

_____

_____

Are you willing to provide a summary on the impact of the grant and/or complete our evaluation form both in respect of advancing your organization's mission and providing engagement opportunities with your organization to the Rotary Club of Charlotte and its members?

_____

_____

Include the following:

1) A specific project budget for the subject of your application
2) An overall organizational budget that shows sources of revenue for your organization.
3) A letter of recommendation from a member of the Rotary Club of Charlotte
4) One additional signature from a club member endorsing the grant request

By what date are the requested funds needed? _____

_____   _____
Signature of Organization's CEO/ED   *Date*

_____
Printed Name

Names and signatures of Members of the Rotary Club of Charlotte supporting this grant request:

_____   _____
Name   *Signature*

_____   _____
Name   *Signature*

Please return this completed form as well as the required documents to:

Christine Cipriano, Executive Secretary, Rotary Club of Charlotte,
christine@charlotterotary.org   or   1850 East 3rd Street, Suite 220, Charlotte, NC 28204