

 **ROTARY FOUNDATION OF KENOSHA WEST, INC.**

 P.O. Box 604 Kenosha, WI 53141

 APPLICATION FOR GRANT 2020

**Requirements for consideration**

-Must be a 501c3 organization -Grant requests in excess of $2,000 will not be considered

-Must be a Kenosha County organization -Deadline is Friday, April 17, 2020

-Late or incomplete applications not accepted

**1.** Name of Applicant/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Name/Title of Contact within Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ St: \_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Time to Call: \_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Brief description of organization, its purpose, and population served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Date Number of Operating Budget for

 Organized: \_\_\_\_\_\_\_\_\_\_ Employees: \_\_\_\_\_\_\_ Last Fiscal Year: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Principal Source of Financial Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **Please attach a copy of your 501(C) (3) ruling or determination letter.** List EIN/FEIN #\_\_\_\_\_\_\_\_\_\_

**6.** **Please attach list of names of applicant’s governing board.**

**7.** Who will administer this grant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8.** Has the applicant, or any person named in 5 or 6 above, ever applied for or received a grant from the Rotary Foundation of Kenosha West or any other service club?

 YES \_\_\_\_\_\_\_\_\_\_ NO \_\_\_\_\_\_\_\_\_\_

***Please give details below or attach separate narrative****.*

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**9.** Describe how this Grant will be utilized:

***Please give details below or attach separate narrative****.*

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**10.** Amount Requested:

***Each year Grant requests always exceeds the total amount of available funds, therefore, Rotary Club of Kenosha West will take into consideration the benefit such Grants will provide to the community, population served, financial needs and reasonableness of the request****.*

## Amount Requested: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Amounts in excess of $2,000 are not eligible for this Grant program.*

## The undersigned hereby certify that the foregoing information is correct to the best of their knowledge. Dated this \_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Applicant Signature Officer Signature/Title

Contact for questions or concerns: Grant Committee at krwgrants@gmail.com

**Application deadline is** **Friday, April 17, 2020.**

**Submit (2 copie**s) **including** **the original application and mail to**:

**Rotary Foundation of Kenosha West, Inc., P.O Box 604, Kenosha, WI 53141.**

***\*Incomplete or late applications will not be considered***.\*

**ROTARY FOUNDATION OF KENOSHA WEST, INC.**

P.O. Box 604 - Kenosha, WI 53141

# 2020 GRANT APPLICATION CHECK LIST

Please address the following points concerning your program or project.
(Limit the narrative to no more than 3 pages):

1. **Purpose and Definition:**
* What is the basic purpose?
* What is the objective and goal?

 **2. Priority:**

* Why does this program or project deserve aid more than others competing for funds in the same field?
* What is the target population and how many people will benefit?
* What results can be expected in the short term and long range?

 **3. Financial Information:**

* What is the current operating budget of the organization?
* What is the budget for this program or project?
* How will this program or project continue beyond this funding period?
* If we give partial funding will this program continue to be viable?
* What commitments for long term funding have been made?
* Who will provide the future funding?
* Will these commitments ensure ongoing program funding?
* Have requests for funding been submitted or secured from any of these sources, other foundations, government agencies, or other funding sources?
* If so, provide financial and sources information.
1. **Personnel:**
* Will additional staff be required for this program or project?
1. **Evaluation:**
* By what criteria will the success or failure of this program or project be measured?