



## **WOOSTER ROTARY CLUB**

Dear Rotary Grant Applicant:

Thank you for requesting grant information from Wooster Rotary Club's Community Project Committee. Before you complete the enclosed application, please note that this committee will not consider any requests for funds to be used for annual operating expenses. Your request will be considered only if it meets the following criteria:

### **1. Benefits to the Community**

- a. Project must serve a population greater than one (1) individual.
- b. Project must serve a population living in the Greater Wooster Community
- c. Project must have the potential for positive outcomes for the recipients of the project and the community at large.
- d. Project must be a new, innovative project or program which meets the documented emerging, unmet or growing needs of the community.
- e. Project must not be a duplication of existing programs.

### **2. Areas of Concentration**

- a. The Committee will favor projects which meet the identified annual goals of the Wooster Rotary Club.
- b. In 2003 and 2004, the area of focus is education with a special emphasis on fourth grade reading.

### **3. Accountability**

- a. Organization must operate with sound fiscal accountability.
- b. Organization must adhere to standard accounting principals.

### **4. Application Timeline**

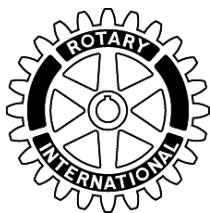
- a. We will adhere to a rolling application process.
- b. Every effort will be made to respond in a timely, one to one and one-half month timeline.

Let us say again, that we appreciate your interest in Wooster Rotary Club, and we look forward to reviewing your request.

Sincerely,

Lud Huck

Chairperson, Community Project Committee.



# Wooster Rotary Club Request for Project Funding Organization Profile

## FUNDING YEAR 200\_\_

*Thank you for requesting a Grant Application from the Wooster Rotary Club's Community Project Group. Your request will be reviewed by the Community Projects Committee. If your proposal meets our initial criteria, we may then invite you in to make a presentation to the group of the proposed project. Please complete the application and return it to: Community Project Committee Chair, 7447 Hass Road, Wooster, OH 44691*

Agency/Organization: \_\_\_\_\_

Contact Name \_\_\_\_\_ Person's Title \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Non-Profit Organization Yes \_\_\_\_\_ No \_\_\_\_\_

Mission: \_\_\_\_\_

Are you requesting Funding? \_\_\_\_\_ If so, how much? \$ \_\_\_\_\_

Are you requesting volunteers? \_\_\_\_\_ If so, how many people? \_\_\_\_\_

How many hours? \_\_\_\_\_

On what dates? \_\_\_\_\_

Will the requested funds or volunteers support all of the projects expenses or needs? Yes \_\_\_ No \_\_\_

If no, what other Funding Sources or volunteers have been requested? \_\_\_\_\_

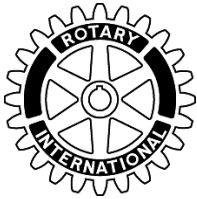
Has this project been funded by any other funding source in the past?

Yes \_\_\_ No \_\_\_

Has this organization/agency received a Rotary Community Grant in the past? Yes \_\_\_ No \_\_\_

If yes -- When? \_\_\_\_\_ and what was the title or nature of the project?

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



# Wooster Rotary Club Request for Project Funding Project Application

Agency/Organization's Name \_\_\_\_\_

Program Name \_\_\_\_\_

Anticipated Program Dates \_\_\_\_\_ Projected number of participants \_\_\_\_\_

Target Population \_\_\_\_\_

**Executive Summary** –In the space below, please give us an overview of the program/project including its objectives and a summary of the anticipated outcome(s).

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Describe how you made the determination that there was an emerging or growing need for this program.

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Describe how you will measure the success of your outcomes?

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What makes this program unique or innovative?

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Request for Project Funding  
(Continued)

What is the target population for this program/project? \_\_\_\_\_

How many people will benefit from this program/project? \_\_\_\_\_

Number of volunteers to be utilized \_\_\_\_\_

Describe any collaborative efforts you will have with other community organizations.

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If this committee decides to either partially fund or not fund this program/project, will the program be able to be carried out? Please explain.

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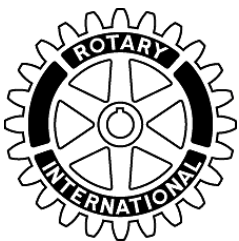
If this project is to be continued beyond the initial funding grant period, please review the plans you have made for insuring the financial sustenance of the project.

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## Wooster Rotary Club Request for Project Funding Project Budget Form

### Income

Anticipated Rotary Community Grant	_____
Other Cash Funding - Source: _____	_____
- Source: _____	_____
Other In-kind Support - Source: _____	_____
- Source: _____	_____
<b>TOTAL</b>	_____

### Expenses

Salary/Benefits/Taxes	_____
Supplies	_____
Telephone	_____
Occupancy	_____
Travel	_____
Other*	_____
<b>TOTAL</b>	_____

What percentage of this request will be used for administrative overhead? \_\_\_\_\_

\*If this amount is greater than \$250, please describe below or on an attached sheet.

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