**Rotary Club of Poulsbo - Community Service Grants**

**Grant Guidelines**

1. Requests for a grant to fund new capital expenses, or start-up costs for new initiatives are encouraged. Funding of on-going operations, fund raising expenses, and for travel or speaker expenses are discouraged.
2. Typically, the Rotary Club of Poulsbo is interested in supporting targeted projects that address community needs in North Kitsap County with particular emphasis on our service club’s served area: Poulsbo, Keyport and Suquamish.
3. Recipients will be expected to issue a follow-up letter reporting on the effect of Rotary’s grant. A Poulsbo Rotarian will also be designated to follow-up with each recipient.
4. Recipients are requested to acknowledge the Rotary Club of Poulsbo in their publicity.
5. Grants are not automatically renewed or reconsidered each fiscal year. An application must be submitted within each fiscal year for which a grant is needed. The Rotary fiscal year is July 1 to June 30.

Send the completed application and all required documentation to the Community Service Committee via email to: *communityservice@poulsborotary.org*  All documentation should be sent electronically as PDF files only. The name of each file should match the name of required document below, e.g. Completed Application.pdf. If you must mail your application please send to: Rotary Club of Poulsbo, P.O. Box 1334, Poulsbo WA 98370, attention: CSC Chair.

**Required Documentation**

\_\_\_ Completed Application

\_\_\_ Project Budget

\_\_\_ Organization Budget

\_\_\_ IRS Determination Letter [if organization is a 501(c)(3)]

**Application for Support**

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a 501(c)(3)? No \_\_\_ Yes \_\_\_ # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization’s Mission Statement:

Geographic Area Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget (attach documentation detailing expenses): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested from Poulsbo Rotary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief Summary of the Project (no more than 500 words):

Target Population (demographics):

* Population’s size, ages and location
* # of target within Kitsap County
* # of target within Poulsbo, Keyport & Suquamish

Project Timeline:

If awarded, how would a grant from Poulsbo Rotary be used for the project?

How would partial funding impact this project?

Please list other grant sources, including other service clubs, with approx. $ amounts received or pledged:

What additional information should be considered when evaluating your project?

Do any Rotarians serve on your board? If so, please list. \*If you do not know whether your Board members are Rotarians, please attach a copy of your Board roster.

If submitting additional attachments for support, please list them below and provide a brief description.

Should Poulsbo Rotary award a grant, check(s) should be made payable to:

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

Mailing Address: Street / POB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Executive Director or Board President:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(space reserved for Poulsbo Rotary notes)