

Application for Funding YR 2021-22
Due: November 1, 2021
Rotary Club of East Cobb

STEP 1. General Information

1. Organization Legal Name	2. State of Incorporation/Organization
3. Year Founded	4. No. of Employees
5. Has the organization received grant money from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. If yes to Q5, what most recent year did you receive money from us?	
7. Principal Office Address (<i>Street Address, Apt. Number, City, State, and Zip Code</i>):	
Should we send correspondence here? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Address for Correspondence (<i>Street Address, Suite Number, City, State, and Zip Code</i>):	
(Complete only if "No" was checked in Q7 above)	
9. Office Telephone:	10. Name of Sponsoring Rotarian
11. Tax ID:	12. Non-profit 501(c)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do you operate in Cobb County? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Amount or range of dollars requested:
15. Charity Mission or Purpose	
(You may attach a separate page, if needed)	
16. Are members of your organization willing to support our annual Dog Days run? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. If yes to Q16, in what capacity are you willing to help (check <u>all</u> that apply)?	
<input type="checkbox"/> Volunteer on the day of the event <input type="checkbox"/> Advertise the event on Facebook or other social media <input type="checkbox"/> Promote the event to your database <input type="checkbox"/> Place promotional signage throughout the county <input type="checkbox"/> Other (Please describe directly below)	
18. May we contact you next year to arrange for the support you identified in Q17? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please also attach (1) the Tax Exempt letter from the IRS; and (2) the most recently filed 990 tax return, with all schedules.

STEP 2. Determine if your Project/Program funded meets our guidelines

<p>1. Which AREAS OF FOCUS are addressed by this project?</p> <table><tr><td><input type="checkbox"/> Peace/Conflict Resolution</td><td><input type="checkbox"/> Maternal and Child Health</td></tr><tr><td><input type="checkbox"/> Basic Education and Literacy</td><td><input type="checkbox"/> Water and Sanitation Development</td></tr><tr><td><input type="checkbox"/> Economic/Community Development</td><td><input type="checkbox"/> Disease Prevention/Treatment</td></tr><tr><td><input type="checkbox"/> Other (Please describe directly below)</td><td>Supporting the Environment</td></tr></table>	<input type="checkbox"/> Peace/Conflict Resolution	<input type="checkbox"/> Maternal and Child Health	<input type="checkbox"/> Basic Education and Literacy	<input type="checkbox"/> Water and Sanitation Development	<input type="checkbox"/> Economic/Community Development	<input type="checkbox"/> Disease Prevention/Treatment	<input type="checkbox"/> Other (Please describe directly below)	Supporting the Environment
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<input type="checkbox"/> Other (Please describe directly below)	Supporting the Environment							
<p>2. Will the funds be used for education or humanitarian activities? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>3. Within what timeframe do expect the project to be completed?</p> <p>Project beginning date: _____</p> <p>Project ending date: _____</p>								
<p>4. Describe your organization's involvement with the Project:</p>								
<p>5. Other than making a monetary contribution, describe how Rotarians can contribute to the Project.</p>								

STEP 3. Describe your project/program served:

STEP 4. Provide Summary Budget

Include an itemized budget for how you expect to use any financial assistance received. Attach a separate sheet if needed.

Item/Service Description	Cost per item/service	No. of items/services	Total
			\$
			\$
			\$
			\$
			\$
		Total	\$

STEP 5. Contact Information for Person for Award Check:

If awarded financial assistance, then we will present a check to your organization at our regularly scheduled Wednesday morning Rotary meeting. This meeting is usually scheduled for January or February of the following year and runs from 7 a.m. to 8 a.m. Once we finalize the date, then we will reach out to the person below with the necessary information. We expect at least one representative of the organization to appear for this meeting and receive the check. This person will be asked to say a few brief words about the organization and how this financial assistance will make an impact.

1. Name	2. Title
3. Telephone (Direct) Call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Telephone (Work) Call this number? <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Email Address:	

STEP 6. Review and initial requirements for this Application.

This application must include:

<input type="checkbox"/> _____ (initial) I have attached the Tax Exempt letter from the IRS.
<input type="checkbox"/> _____ (initial) I have attached the most recently filed 990 tax return.
<input type="checkbox"/> _____ (initial) I have completed all steps of this application fully and completely.

STEP 7. Mail or Email Application to: (Email preferred):

Due: 11/01/2021

Attention: Grant Chair P.O. Box 72081 Marietta, GA 30007-2081 GrantsEastCobbRotary@gmail.com
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NON-PROFIT ORGANIZATION

By: _____
(Signature) Date

Name: _____

Title: _____