

Danville Rotary Club Foundation Grant Application

All organizations receiving funds must be qualified 501(C)3 programs; local government entities or accredited colleges, Universities and trade schools. The determination on which groups receive funding is based on application submission, available funds and qualified need.

The Board of Directors of the Danville Rotary Club Foundation, Inc. will determine which organizations receive funding from the Foundation. Funding decisions will be made based on four criteria:

- i. Completed application from requesting party
- ii. Financial need
- iii. Available funds
- iv. The purpose for the funding is compatible with the mission of the Foundation

Project Information

Project Title: _____

Name of Group applying for grant: _____

Organization Type: _____

Group EIN: _____

Street, line 1: _____

Street, line 2: _____

City: _____

State: _____

Zip Code: _____

Contact Name: _____

Contact Phone number: _____

Organization's Website: _____

Dollar Amount Requested: _____

Project Details

Describe the community need you are addressing, and how you identified that need.

Describe who will receive or benefit from the services.

Describe your project in detail.

Outcomes are benefits or changes for individuals or populations that occur during or after participating in program activities. Outcomes may relate to benefits, behaviors, skills, knowledge, attitudes, values, conditions, or other attributes. What does your group hope to learn or accomplish from this project (volunteer outcomes)?

Volunteer Outcomes: _____

How will the community benefit from your project (community outcomes)?

Community Outcomes:

Where and when will your project take place: _____

Project Start Date (date project execution will begin): _____

Projected End Date (date project will be completed; if a one-day project, enter same date for both start and end): _____

Other project timing information, if applicable: _____

Estimate the number of people to be served by (or to benefit from) this project: _____

Describe any needed permissions or insurance coverage, who is responsible for obtaining them and how they will be obtained:

If applicable, identify the organization that will benefit from your project. (e.g. Sycamore Services, Sheltering Wings, etc.)

Organization Name: _____

Contact Person: _____

Title: _____

Has this person been contacted? _____

If yes, what was the date of contact: _____

Other Project Partners:

Are you partnering with any other organization in the implementation of this project?

Organization Name: _____

Contact Person: _____

Title: _____

Phone: _____

Evaluation and Recognition

Evaluation: Describe the tools your group will use to track and measure the project's success. (e.g. surveys, interviews, journals, photos, group scales, personal and/or group reflections.) Explain how you will use these tools.

Evaluation Tools/Methods: _____

Recognition/Celebration: _____

Recognition Methods: _____

Budget for Project: Describe, in detail, your budget for this project. Include all expenses and funding that will be involved in this project.

Supplemental Documents: list out all supplemental documents that will be included with this application.

Approved Funding – To be completed by DRCF

Grant dollar amount:

Date of approval:

Requirements that must be satisfied prior to funding:

Funding date: