



ROTARY CLUB OF WINTER PARK FOUNDATION, Inc.
P.O. BOX 1416
WINTER PARK, FL 32790-1416

The mission of the Rotary Club of Winter Park Foundation, Inc. is to support and provide resources to individuals, families and children in our community and to ensure the continuation of cultural, educational, health and human resource opportunities for our residents. We accomplish this through the funding of annual grants to local charitable and nonprofit organizations which strengthen our Winter Park community and improve our overall quality of life.

CRITERIA FOR ISSUING GRANTS

1. Organization must meet IRS requirements for “Not-For-Profit” status and furnish proof (IRS letter).
2. Applications must be received no later than April 30th, stating the amount requested (Grants awarded in October).
3. Description must detail how the funds will be used for the benefit of Winter Park residents. Preference will be given to Winter Park charitable organizations and those where our Grant would be substantial to their budget.
4. **The submission should include:**
 - a. Brief description of the organization and its activities including its Mission Statement.
 - b. Explanation of how the funds will be used for the benefit of Winter Park residents.
 - c. List of the Governing Board, with their affiliations.
 - d. Latest audited financial statements & IRS Form 990.
 - e. Copy of current year budget.
 - f. Copy of the most recent determination letter from the IRS granting exemption from federal income tax.
 - g. A brief two or maximum three sentence summary of how the funds will be used.
5. Identify the Winter Park Rotarian(s) who are actively involved in your charitable organization. **Note:** Preference will be given to those organizations in which one or more Winter Park Rotarians are actively involved.



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GRANT APPLICATION

ORGANIZATION:

STREET:

CITY, STATE, ZIP:

TELEPHONE: _____

CELL: _____

E-MAIL: _____

FAX: _____

EXEC. DIRECTOR'S NAME & TITLE:

CONTACT PERSON (IF OTHER THAN EXECUTIVE DIR.)

BRIEF DESCRIPTION OF REQUEST (USE SEPARATE SHEET IF NECESSARY)

AMOUNT REQUESTED: _____

SIGNATURE, PRESIDENT - BOARD OF DIRECTORS

DATE

SIGNATURE, EXECUTIVE DIRECTOR

DATE