Rotary Club of Tacoma #8

Grant Application 2024-25

Review "Grant Policies and Priorities" before starting this application.   Grant App No. _____

Email completed application in pdf format to clubadmin@rotary8.org, Attn: Community Grants
Questions please call 253-473-7723

Checklist of Attachments, by Question

Please make sure each item in the checklist has been included and that you have checked it off.

Required:

___ B1: Latest final 12-months Progress Report (if funded by Rotary 8 last year)

___ B2: IRS Determination Letter confirming as a 501(c)(3) tax-exempt organization

___ B3: Annual Report or list of Board of Directors

___ B4: Financial statements (a) current (b) reviewed/audited

___ B5: Most recent Form 990

___ B6: Budget for Project/Program (P/P)

___ B7: Organization's Diversity Statement

___ E1: P/P Funding Status Chart

"P/P" refers to "Project and/or Program" throughout this Application

SECTION A - Basic Information		
A1	Project / Program (P/P) Name	
A2	Organization Name	
A3	Federal EID#	
A4	Address	
A5	Mailing address if different	
A6	President/CEO/Exec. Director/Mgr.	
A7	Contact person & Title if different	
A8	Contact telephone	
A9	Contact email	
A10	Grant amount requested	

Submitted by:

Before you sign, please make sure that each item in the checklist has been included.

Note: Incomplete applications will NOT be considered. We require that you use a readable font size. Note: By signing, you agree, if you receive a grant, you will publicize the award from Rotary 8.

Type name: _____   Title: _____

Signature: _____   Date: _____

SECTION B – Prerequisites		
*Enter the answer that best fits your P/P. If a prerequisite presents an obstacle to applying, attach a brief explanation. The Grant Committee **may** consider waiving a requirement. Answer Y, N, or N/A*		

B1	Y N or N/A	<u>Enclose</u>: Latest 12-months Progress Report to Rotary 8 *(if funded last year)*		
B2	Y N	<u>Enclose</u>: IRS Letter of Determination for 501(c)(3) status		
B3	Y N	<u>Enclose</u>: Annual Report – or list of board members and/or key leadership with occupations.		
B4	Y N	<u>Enclose</u>: Most recent financial statements (a) current (b) reviewed/audited		
B5	Y N	<u>Enclose</u>: Most recent IRS Form 990 (pg. 1-9) **OR** check here ___ if org. is new & not yet filed a Form 990		
	Budget Information		<u>Year you will use this grant</u>	<u>Last Year</u>
B6	Y N	<u>Enclose</u>: Annual Budget for your P/P	$	$
B7	Y N	<u>Enclose</u>: Your Organization's Diversity Statement		
E1	Y N	<u>Enclose</u>: P/P Funding Status Chart		

Does your P/P need volunteers from Rotary 8? _____ Yes _____ No. If so what type of skills? (Note: This will not impact your score)

SECTION C – Quantitative Questions		
Enter the score that best fits your P/P - Grant Committee will validate your answers		
Question	**Score**	**Description**
C1		**Population Served** (Refer to *Target Populations* on *Grant Policies and Priorities*)
	7	Directly serves **individual** low-income children/youth OR low-income seniors plus, immigrants & homeless
	5	Directly serve **families** with low income children/youth OR low-income seniors, plus immigrants & homeless
	2	Other low-income populations *(i.e., adults only)*
	1	Serves the general public
C2		**Type of P/P** (Refer to *Priority Programs and Projects* on *Grant Policies and Priorities*)
	7	If P/P directly provides basic needs, such as food, clothing, shelter/housing, childcare, clothing,medical or dental care, mental health, violence protection, disabilities, household necessities, homelessness or immigration
	3	If P/P directly provides basic literacy, early learning (pre-K), K-12 tutoring basic education, self-esteem/socialization, job training, emotional health, alcohol and drug use prevention
	2	If P/P focuses on art, parks and recreation, environment, K-12 enrichment (i.e. non basic education, leadership, or learning beyond basic education
C3		**Geographic area of clients served**
	3	85% or more of P/P clients reside within the City of Tacoma
	1	Less than 85% of P/P clients reside within the City of Tacoma

SECTION D	
Question	**Use a readable font size.**
D1	**Summarize your P/P in <u>350</u> words or less:**
D2	**Describe the need for your P/P, and the severity of that need in <u>350</u> words or less:**

SECTION D (continued)	
Question	**Use a readable font size.**
D3	**Describe your P/P. Include number of individuals served** *(for the previous year & for the year using this grant)* **and service units** *(such as hours, visits, sessions, item quantities, etc.)* **in _350_ words or less.**
D4	**How do we know this P/P has impact and is effective? Answer in _350_ words or less.** What evidence or data do you have that shows this program is effective?

SECTION D (continued)	
Question	Use a readable font size.
D5	**List specific agencies or organizations with which your organization partners or collaborates, in serving your P/P clients.**

Does the Organization

Organization ↓	Receive Clients?	Refer Clients?	Receive or Share Resources?	Receive Volunteers?	Collaborate in Other Ways?
	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A
	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A
	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A
	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A
	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A	___ Yes ___ No ___ N/A

SECTION E – Resource Questions – Committee Scored			
Question	**Use a readable font size.**		
E1	**P/P funding status: Complete the Funding Status Template on the following page.**		
	• Separate <u>Confirmed</u> and <u>Pending</u> sources/amounts (at time of application). • Provide a total for Pending and Confirmed Amounts. • Show the total Confirmed Amount as a percent of P/P Budget listed in B7.		
E2	**Staffing**	**P/P**	**Organization (locally)**
	Number of full-time employees		
	Number of part-time employees		
	Number of volunteers		
E3	**Ability to deliver P/P**		
	Describe your organization's overall ability to deliver P/P given your management, leadership, budget, and your staffing **in <u>350</u> words or less.**		

FUNDING STATUS TEMPLATE

Your Organization's Name _____

Project / Program Name _____

Date: _____

Total P/P Budget (your answer to Question B6) _____

P/P Funding Sources

Name	Confirmed Amount	Pending Amount

Totals _____ _____

Percent of P/P Budget _____ _____

Total Percent Pending and Confirmed _____