

**COMMUNITY GRANT APPLICATION 2025**

**(PLEASE REVIEW THE GUIDELINES PRIOR TO COMPLETING THIS APPLICATION)**

***LOOKING TOWARDS THE FUTURE***

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| **General Information** | |
| Organization Name |  |
| Address |  |
| City, state and zip code |  |
| Email |  |
| Telephone |  |
| Fed Tax ID # |  |
| Contact person and title |  |
| Contact email |  |
| Organization mission statement |  |
| Organization website |  |
| Supporting Rotarian name | *please remember to include a brief, written letter of support from this Rotarian in the scan of the completed packet* |
| Fiscal Year Dates | *(example: 7/1/-6/30)* |

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| **Corporate and Financial Information:** *please attach a copy of these documents* | |
| Attached | (please bold your response) |
| Yes/No | Federal tax-exempt status letter |
| Yes/No | Organization's current operating budget |
| Yes/No | Current financial statement or audited financial statement *(preferred)* |

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| List all previous grants received from the Pasadena Rotary Club over the past 3 years. | | | |
| **Year** |  | **Amount** | $ |
| **Year** |  | **Amount** | $ |
| **Year** |  | **Amount** | $ |

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| --- | --- |
| **Program Details** | |
| Program Title |  |
| Requested grant amount | $ |
| Program Objectives  (Please list them.) |  |
| Program Description  (Limit 400 words) |  |
| Is this a new program?  If existing, please explain. |  |
| Total Program Budget | $ |
| Budget narrative  (How will the funds be used?) |  |
| How is program currently funded? |  |
| Roll-out Plan  for the program.  (Limit 400 words) |  |
| Describe the intended outcomes of the program.  (Limit 400 words) |  |
| How will success be measured or assessed?  (Limit 400 words) |  |
| **Service to Pasadena area** | |
| Total number of persons served by the organization. |  |
| Number of persons in Pasadena served in this program. |  |
| Avg. age of those served by the proposed program. |  |
| Briefly describe the population that will be served by this program.  (Limit 250 words) |  |
| Is there anything else the *Pasadena Rotary* needs to know when making the decision to provide this Grant?  (Limit 400 words) |  |

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| *Please sign here.* | I acknowledge that my organization will be responsible for reporting back to the *Pasadena Rotary* on the expenditures and outcomes of the program. |

The application and all requested attachments must be received by **February 10th, 2025 by 5:00pm** by scanning the entire application packet and emailing it in a PDF format to: [PasadenaRotaryCommunityGrants@gmail.com](mailto:PasadenaRotaryCommunityGrants@gmail.com).

**PLEASE READ:**

**The February 10th, 2025 at 5:00pm deadline will be strictly enforced.**

**No grant applications will be accepted after this date.**

**No grant applications may be submitted to any Community Grants committee member, a**

**Pasadena Rotarian or dropped off at the University Club.**

**These applications will be immediately disqualified.**

If your organization has any **community service project needs**, please contact Colleen Carey of *Pasadena Rotary* at [ccarey@lee-associates.com](mailto:ccarey@lee-associates.com).