**Prospect/Goshen Rotary Foundation Funding Request – Fillable Form** Rev. Feb 2025

Complete this fillable form and print to obtain signatures. Include this form with all attachments and email to the Foundation Secretary. Requests are accepted bi-annually with due dates in the Fall and Spring.

**Required Attachments**:

* Copy of Exemption letter – 501(c)(3) status
* Detailed description of your project along with a budget including income, expenses and timeline.
* List of Board members, title, phone, email and compensation (if applicable)

|  |  |  |
| --- | --- | --- |
| Date of Application:  | Click or tap to enter a date. |  |
| **Sponsoring Rotarian:** | Click or tap here to enter text. |
| **Amount Requested:** | Click or tap here to enter text. |
| **Prior PG Rotary Awards** **(Year and Amount) :** |  |
| **Organization Information:** | Name | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| City, State Zip | Click or tap here to enter text. |
| Executive Director | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| Contact Name: | Click or tap here to enter text. |
| Contact Phone: | Click or tap here to enter text. |
| Contact Email: | Click or tap here to enter text. |
| Federal Tax ID | Click or tap here to enter text. |
| Non Profit Status | Click or tap here to enter text. |
| Exempt Status | Click or tap here to enter text. |
| Affiliations with other organizations | Click or tap here to enter text. |
| **Funding Information** | Annual Operating Budget | Click or tap here to enter text. |
| Current Year | Click or tap here to enter text. |
| Previous Year | Click or tap here to enter text. |
| **Personnel** | Number of FT employees | Click or tap here to enter text. |
| Number of PT employees | Click or tap here to enter text. |
| Number of Volunteers | Click or tap here to enter text. |
| Number of Directors on Board | Click or tap here to enter text. |

Other Funding Sources: [ ] Metro United Way [ ] Federal Government [ ] State Government

 [ ] Local Government [ ] Other: \_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_

**Project Description:**

|  |  |
| --- | --- |
| Nature, Scope and current status of Project-  | Click or tap here to enter text. |
| What needs are addressed by this project?  | Click or tap here to enter text. |
| Who will benefit? Estimated number of people or participants. | Click or tap here to enter text. |
| What is the Rotarian participation requested/required?  | Click or tap here to enter text. |
| Are other organizations involved? If so, who? | Click or tap here to enter text. |
| Start and End Date of Project  | Click or tap here to enter text. |
| Total project cost/budget | Click or tap here to enter text. |
| % of current year budget | Click or tap here to enter text. |
| Other funding sources (List name and amount) | Click or tap here to enter text. |

**Certification:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsoring Rotarian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Club Member Signature Date

**If International 3rd Signature Required**

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Third Club Member Signature Date

*Signature certifies that the organization retains its public charitable status stated above. In addition, this signature affirms that the funding organization (Rotary Foundation of Prospect/Goshen) has not received any goods or services in conjunction with this request, and that all information is accurate to the best knowledge of the individuals signing this form.*

**FOUNDATION EVALUATION COMMITTEE**

Date of Disposition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPROVED DECLINED Amount Awarded: $\_\_\_\_\_\_\_\_\_\_\_\_

Board of Directors Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foundation President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_