



## Stamford Rotary Trust Fund

### GRANT APPLICATION

Application Deadline: December 31, 2017

#### The Stamford Rotary Trust Fund

The Rotary Club of Stamford is an organization of local neighbors, friends and community leaders dedicated to creating positive, lasting change in our communities. Adhering to the Rotary International motto "Service Above Self" the Rotary Club of Stamford strives to be an active participant in improving the health, welfare and well-being of people in our communities and around the world.

The Stamford Rotary Trust Fund was established in 1961 by The Board of Directors of the Rotary Club of Stamford for exclusively educational, charitable, scientific and literary purposes. Communities served by the Trust Fund include Stamford, Greenwich, Darien and New Canaan.

The Stamford Rotary Trust Fund is a 501(c)3 organization.

Falgun Jariwala  
Chairman of the Board of Trustees  
Stamford Rotary Trust Fund

Stamford Rotary Trust Fund  
P.O. Box 8180 Stamford, CT 06903  
203 323-0509  
[www.stamfordrotary.org](http://www.stamfordrotary.org)

Contact Allan Lang  
[alang@shalikmorris.com](mailto:alang@shalikmorris.com)

# Stamford Rotary Trust Fund

## INSTRUCTIONS AND GENERAL INFORMATION

To apply for a Rotary Club of Stamford Trust Fund grant, please submit one completed copy of the enclosed application to:

Stamford Rotary Trust Fund  
P.O. Box 8180 Stamford,  
CT 06905 203 323-0509  
[www.stamfordrotary.org](http://www.stamfordrotary.org)

Contact Allan Lang [alang@shalikmorris.com](mailto:alang@shalikmorris.com)

Applications for grants are accepted from October 1st to December 31st.  
Applications will not be accepted after December 31st. Grant recipients will be notified by mid-June. Questions concerning the contents of this application may be directed to the Rotary Club Trust Fund e-mailed to [alang@shalikmorris.com](mailto:alang@shalikmorris.com).

In order to receive consideration for funding, agency programming must be focused in one of the following areas:

- Community/Economic Development
- Children/Families

Eligibility:

- Non-profit tax-exempt status under sections 501(c)(3) of the Internal Revenue Code
- Location in one of the following cities/towns: Stamford, Darien, Greenwich, New Canaan
- Have community support, address community needs, have measurable outcomes, demonstrate fiscal/administrative responsibility

Rotary Club of Stamford Trust Fund does not support the following:

- Individuals
- Capital/Endowment Campaigns
- Fundraising Events/Sponsorship Opportunities
- Trips/Tours/Conferences
- Deficit Spending/Debt Liquidation
- Religious organization, unless stated program is for the benefit of the community
- Private/Parochial Schools
- Organizations that discriminate in any way
- Organizations not open to the public
- Political causes

# Stamford Rotary Trust Fund GRANT APPLICATION

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Position: \_\_\_\_\_

Geographic Area Served: \_\_\_\_\_

Program for which funding is being requested: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Agency Budget: \_\_\_\_\_

Has your agency been funded by the Trust Fund in the past? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please state year, amount, program for which you received funding:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Executive Director

\_\_\_\_\_  
Date

Please provide the following information in narrative form, with headings as noted:

**1. Organization (Please limit to 2 pages)**

- A. Organization mission and goals
- B. Organization history
- C. Staffing information (number of full time and part time employees, number of volunteers)
- D. Description of agency programs
- E. Number of individuals served, and description of population served, including age, ethnicity, sex, residence, socio-economic status, other relevant information. Indicate percentage of low/moderate income population served.

**2. Program (Please limit to 2 pages)**

- A. Description of program for which you are applying, including activities, population served, need(s) which will be met
- B. Goals and objectives
- C. Expected outcomes
- D. Collaboration with other agencies, organizations, if applicable
- E. Other current, prospective funding sources for program
- F. Descriptions of staff positions carrying out the program

**3. Agency trends, challenges, accomplishments (Please limit to 1 page)**

**4. Attachments**

- A. 501(c)(3) Letter
- B. Board of Directors List, with affiliations
- C. Annual Report (if available)
- D. Most recent audit
- E. Overall agency operating budget
- F. Program Budget
- G. IRA Form 990

**5. Follow up/progress report 6 months after receipt of funds**