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COMMUNITY ALLOCATIONS FUND REQUEST FOR FUNDING

The purpose of the Rotary Club of Ann Arbor's Community Allocation Grant Program is to provide financial support to non-profit organizations that adhere to Rotary's Four Way Test in Helping Kids Succeed.

The Four Way Test:

1. Is it the **TRUTH**?
2. Is it **FAIR** to all concerned?
3. Will it build **GOODWILL** and **BETTER FRIENDSHIPS**?
4. Will it be **BENEFICIAL** to all concerned?

Applications will be evaluated using the following criteria:

- How well does the proposal address Rotary Grant Program Goals?
- How well does the project fit into the organization's strategic plan?
- How well will those served and the community benefit from this program?
- Is the project adequately designed for success (human capital: staff, Board, volunteers)?
- What resources does the organization bring to the proposed project (funding, equipment, etc.)?

Each application packet should include:

- Proposal application (this document)
 - No more than five (5) pages (excluding budget & enclosures) in 12 pt font
- Program grant budget (use template found at the end of this document)
- The organization's summary budget (1-page)
- List of current Board of Directors (1 page)
- Copy of your 501(c)(3) determination letter

Applications must be received on or before midnight Sunday, February 24, 2019.

P. O. Box 131217, Ann Arbor MI 48113-1217

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"Be the Inspiration"

The Rotary Club of Ann Arbor

ORGANIZATION INFORMATION

Name of organization _____

Address _____ Date Established _____

_____ Phone _____

CEO or Executive Director _____

Contact Person Name and Title _____

E-mail address of contact person _____

Organization's Mission Statement/Purpose:

Briefly describe the program/project for which funding is being requested:

Amount of Funding Requested: \$ _____ (\$5,000 maximum per year, \$3,000 for scholarships to participate in the proposed program).

Number of people affected by this program: _____

Place this proposal in the following group:

_____ Arts Development

_____ Education Development

_____ Fitness

_____ Healthcare

1. How does this proposal effectively and efficiently address the Rotary Fund's theme and our goal of *Helping Kids Succeed*?

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2. Briefly describe how this project or program fits into your organization's strategic plan:

3. Who will be served by this funding, and how will they benefit? How many people will be served by this program?

4. Please provide specific, brief examples of your organization's past accomplishments:

**5. Would you like to be considered later this year for funding for a project involving Rotary volunteers and including the possibility of up to 50% matching funds from Rotary District 6380?
Yes _____ / No _____**

Applications must be delivered on or before midnight Sunday, February 24, 2019. Late applications will not be considered.

Please submit the application packet and the requested attachments (all in .pdf format) by e-mail to:

Michael Field
Community Allocations Committee
mef41@comcast.net

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Time period this budget covers _____ to _____

Program Grant Budget Format

Program Expenses

	<u>Total Cost</u>	<u>In-Kind</u>	<u>Rotary Request</u>	<u>Other Grants</u>
Salaries	\$0	\$0	\$0	\$0
Payroll Taxes	\$0	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0	\$0
Consultants & Professional Fees	\$0	\$0	\$0	\$0
Insurance	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0
Printing and Copying	\$0	\$0	\$0	\$0
Telephone and Fax	\$0	\$0	\$0	\$0
Postage and Delivery	\$0	\$0	\$0	\$0
Rent	\$0	\$0	\$0	\$0
Utilities	\$0	\$0	\$0	\$0
Maintenance	\$0	\$0	\$0	\$0
Evaluation	\$0	\$0	\$0	\$0
Marketing	\$0	\$0	\$0	\$0
Other (specify)	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0

	<u>Pending</u>	<u>Committed</u>
<u>Program Revenues</u>		
Contributed Income		
Ann Arbor Rotary Club	\$0	\$0
Other Rotary Club	\$0	\$0
Local Government	\$0	\$0
State Government	\$0	\$0
Federal Government	\$0	\$0
Foundations (itemize)	\$0	\$0
Corporations (itemize)	\$0	\$0
Individuals	\$0	\$0
Other (specify)	\$0	\$0
Earned Income		
Events	\$0	\$0
Publications and Products	\$0	\$0
Membership Income	\$0	\$0
In-Kind Support	\$0	\$0

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Other (specify)

\$0

\$0

Total Rev

\$0

\$0

Budget Narrative:

Please provide a brief narrative about the program budget information you've provided above