# Grayling Rotary

Good Works grant application form

**Guidelines for applicants:**

* Rotary Good Works grants are only available to nonprofit organizations.
* Good Works primarily funds projects located in and benefitting residents of Crawford County.
* Applicants are encouraged to have alternative or additional funding sources in place prior to applying, and to include these plans in their application. Good Works grants ***never fund 100 percent of a project's cost.***
* Grants will not exceed $500.
* Priority is given to projects that have the broadest possible long-term impact in our service area.
* Rotary Good Works does not fun d recurring programs. Our goal i s to provide one-time funds to assist in start-ups, one-time projects, or special needs. We will not fund the same project a second time or approve repeat requests.

**Procedures for applicants:**

* Download the application in PDF form from our website.. A Word version of the form is also available for those who cannot work with PDF file s.
* Submit the completed PDF {or Word) grant application form via email to gravlingrotar ygood works@grnail.c om
* Applicants should review the Good Works priorities, guidelines and procedures before completing the grant application form.
* Answers should be clear, complete and concise. Include who, what, where, when and how. Do not exceed the space provided, and do not attach additional pages unless absolutely necessary.
* Complete all parts of the application form. Do not leave anything blank.

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* Grants involving Crawford Ausable Schools must be reviewed by the Superintendent's office prior to submission.
* Applications received after the Good Works submission deadlines listed on the Rotary website will be held over until the next committee meeting date.
* For further information, contact t he Good Works chair at: graylingrot arygoodworks@gmai l.com.

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**After your application has been submitted:**

* Prior to Good Works meetings, committee members volunteer to investigate grant applications. You may receive a call from a committee member seeking answers to questions about your proposal.
* Your application may be accepted, denied or tabled for more information. The amount granted may be less than the amount requested.
* The Good Works Committee makes recommendations to the Rotary Club Board of Directors, and the board makes final decisions on grant recipients and amounts.
* You will be notified as to the stat us of your application by email following the Board's action.

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* I. Non-Profit Organization Information
* Legal Name of Organization Applying:
* Year Founded:
* Current Total Operating Budget:
* Contact Name/ Project Manager (for questions):
* Position:
* Email:
* Ce ll:
* Address/Qty/State/Zip: \_

Alternate Phone: \_ \_

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What are your other sources of funding, beyond this request? List all funding received or requested.

Will the project proceed if t his grant is not received, in whole or in part? Through what means?

If this is not a one-time project, how will it be funded in subsequent years, after the grant period?

Ill. **Project Description** (attach additional pages if necessary)

There are many needs in our community, and our funds are limited. In answering the following quest ions, please explain your project with facts and information that will help us understand your project, its scope and impact, and why your organization is deserving of Good Works funding.

1. What needs or problems does th is project address?
2. We prefer projects that provide the greatest benefit to more people, as well as those with long-term impact. What specific benefit s will be achieved through this project? Can the project be replicated or expanded for greater reach?
3. What resources will be brought to bear on this project, and what planning has been done in it s development?
4. What project evaluation methods are planned or in place?
5. We encourage partnerships, through which projects can have a greater impact. Are you collaborating with another organizat ion?

**IV. Service Area and Population Served**

How many people will be served by this project in the time period specified?

Geographic Area Served:

If the project will serve an area larger than Crawford Count y, what percentage of your project's

beneficiaries will be Crawford County residents? \_ \_ \_ \_ \_ \_ \_ \_ %

**Populations Served** (check all that app ly):

 \_\_\_ Families

 \_\_\_ Seniors

 \_\_\_ Youth

 \_\_\_ Under Resourced Communities Special Needs

 \_\_\_ Veterans

 \_\_\_ General Population

Authorized Official's Signature Date of Application

Name and Title of Authorized Official Approving Grant Application