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| rotarylogo**The San Francisco Rotary Foundation**  **Grant Request** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions for completing this Grant Request All sections of this Grant Request must be completed. If a particular section (e.g. Partner Organization Information or Grant Recipient Information) does not apply to your project, indicate so by marking the box labeled “N/A” next to the section header. ***A detailed budget must accompany this Grant Request.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotary Club of San Francisco Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rotary Service Committee Requesting Funds: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Project Name: | |  | | | | | | | | | | | | | | | | | | | Grant Amount Requested: | | | | | | | | | | | | $ | |
| Rotary Project/Event Chair: | | | | | | | | |  | | | | | | | | | | | | | | | | Telephone Number: | | | | | | |  | | |
| Date of Project/Event1: | | | | | | |  | | | | | | | | Email Address: | | | | |  | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| Partner Organization Information Complete this section if an outside organization will participate in the  planning and/or execution of this project. Outside organizations include  other Rotary Clubs and organizations with no Rotary affiliation. | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| Name of Sponsoring Organization: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | |  | | | | | | | | | | | | | | | | | | | | | Telephone: | | | | |  | | | | | | |
| Contact Email Address: | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| Web Site Address: | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | Tax ID Number: | | | |  |
|  | | | |  | | | | | | | | | |  | | | | |  | | | | | | | | |  | | | | | |  |
| Grant Recipient Information Complete this section if the SFRF grant check should be  payable to an organization or person other than RCSF Service. | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| Name of Recipient Organization2: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Name: | |  | | | | | | | | | | | | | | | | | | | | | Telephone: | | | | |  | | | | | | |
| City: |  | | | | | | | | | State: | | |  | | Zip: | |  | Email Address: | | | | | | | | |  | | | | | | | | |
| Web Site Address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Tax ID Number: | | | |  |
| Project Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has the SF Rotary Foundation Supported this project previously? | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |
| If yes, what year was last supported and in what amount? | | | | | | | | | | | | | | | | | | | | | | Year: | |  | | | | | | | Amount: | | | $ |
| Was a Final Report submitted for the previous project3? | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | |
| If this grant is related to a project funded by THE ROTARY FOUNDATION, indicate the TRF Grant Number below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRF Grant Number: | | | | |  | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| If this grant will not be completed within 1 year, indicate the date when the grant will be complete: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Financial Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A detailed budget is attached. (REQUIRED) | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Project Goals Using bullet points in the space below, briefly describe the goals to be accomplished through this project. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Synopsis of Project In the space below, briefly describe how the project goals will be achieved. Include a description of how this event will benefit the community to be served. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| In the space below, describe how the SF Rotary Foundation will be recognized as a sponsor of the project, and how the project or event will be publicized. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Project Category** (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| If “OTHER,” please specify: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Authorizations All requests for funding by the SF Rotary Foundation must be reviewed and approved by the Service Board of the Rotary Club of San Francisco (RCSF). Grant Applications must be signed by the project chairperson, the appropriate director of the RCSF Service Board and the current RCSF President. Incomplete grant requests and grant requests submitted without the appropriate authorizations will not be reviewed and will be returned to the individual submitting the grant request. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Project Chairperson: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | |
|  | | | |  | | | | | Signature | | | | | | | | | | | | | | | | | | |  | Date | | | | | |
| Service Board Director: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | |
|  | | | |  | | | | | Signature | | | | | | | | | | | | | | | | | | |  | Date | | | | | |
| RCSF President: | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | | | | | |
|  | | | |  | | | | | Signature | | | | | | | | | | | | | | | | | | |  | Date | | | | | |