



# 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.

For grants exceeding \$5,000, the San Francisco Rotary Foundation and the Rotary Club of San Francisco Grants Review Committee may request a one on one interview to discuss the application.

*Please note that a detailed budget must accompany this Grant Request.*

### Part I: Applicants and Recipients

#### 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/Event<sup>1</sup>: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### Partner Organization Information

N/A

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

N/A

Complete this section if the SFRF grant check should be payable to an organization or person other than RCSF Service.

Name of Recipient Organization<sup>2</sup>: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

<sup>1</sup>Unless requested otherwise, grant funds will be disbursed to recipient committee/organization 60 days prior to the scheduled project/event date.

<sup>2</sup>If a Recipient Organization is listed; the check will be made payable to the organization named on this line.

<sup>3</sup>A Final Report for a previous similar project must be submitted before a new grant will be accepted for consideration.

## Part II: Project Information

### Project Information

Has the SF Rotary Foundation Supported this project previously?  Yes  No

If yes, what year was it last supported and in what amount? Year: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

How many Rotary Club of San Francisco members were involved in the project or event? \_\_\_\_\_ Please list names of members:

Was a Final Report submitted for the previous project<sup>3</sup>?  Yes  No, the report is attached

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:

Will the grant funds be used to provide medical care to an individual or individuals directly or indirectly?  No

Yes

If the grant requested is for medical care, please provide recent statistics on incidence of infection, complications, and mortality. If there have been mortalities in the past two years, please describe the circumstances and explain any resulting policy changes or other actions.

Check here  if NOT APPLICABLE

### Project Category (check all that apply)

- |   |  |  |                                   |                                     |
|---|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Vocational Service | <input type="checkbox"/> Community Service | <input type="checkbox"/> International Service | <input type="checkbox"/> Youth    | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Fellowship         | <input type="checkbox"/> Fundraising       | <input type="checkbox"/> Public Relations      | <input type="checkbox"/> Interact | <input type="checkbox"/> Rotaract   |
| <input type="checkbox"/> Literacy           | <input type="checkbox"/> Health            | <input type="checkbox"/> Family of Rotary      | <input type="checkbox"/> Water    | <input type="checkbox"/> Other      |

If "OTHER," please specify: \_\_\_\_\_

### Project Goals

Using bullet points in the space below, briefly describe the general aims or overarching goals of the project. Please also provide specific measurable objectives, such as the number of individuals to be served, amount of measurable improvement to be achieved, number of Rotarians from the Rotary Club of San Francisco expected to be involved, etc.

### Synopsis of Project

In the space below, briefly describe how the project goals will be achieved. Include a description of how this project or event will benefit the community to be served.

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## Rotary Recognition

In the space below, describe how the San Francisco Rotary Foundation will be recognized as a sponsor of the project, and how the project or event will be publicized.

## Part III: Financial Information

### Required Financial Information

1. Is the grant recipient a 501(c)(3) nonprofit organization other than Rotary Service Inc.? If so, attach the organization's IRS Determination Letter.
2. What year is the organization's most recent 990 filing? \_\_\_\_\_
3. Attach the grant recipient's latest audited financial statements (note: only required if grant recipient is required to be audited).
4. All applicants must attach a detailed budget of the project or event.

## Part IV: Signatures

### 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

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