



# Gate City Rotary Club

## 2011-2012 Grant Request

(Due 11/28/2011)

1. Only a member of the Gate City Rotary Club in good standing may submit a grant request.
2. The Club member proposing the request must be actively involved with the proposed recipient and with the work or project being proposed.
3. The Club member proposing the request must not be employed or otherwise financially compensated by the proposed recipient.
4. This grant application must be completed in full and submitted & signed by a member of the Club in good standing. Incomplete applications will not be reviewed.
5. Grant recipients must agree to make a presentation to the Club membership.
6. Grant requests must be received by Chip Person and postmarked, no later than November 28, 2011.
7. Grant requests will be judged solely based on the merits of the proposed project. It is incumbent on the requestor to provide as much detail as possible about where the funds will be used and the positive impacts of the proposed project. Non-specific requests or requests for the general fund of an organization will not be awarded.
8. Please make grant requests conservative, reasonable and realistic. The Past Presidents Committee will attempt\* to fund the entire amount if the project requires full funding solely by our club and the requested amount is thoroughly justified and documented.

### Sponsor Contact

Sponsoring Club Member (Print): \_\_\_\_\_

Sponsoring Club Member (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

\*Description of purpose of request, statement of impact if only a partial amount of the request is funded

**Gate City Rotary Club**

Organization Name: \_\_\_\_\_ 501c3? (Y/N) \_\_\_\_\_ FEIN \_\_\_\_\_

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

Name & Title of Key Contact of Organization (not sponsor): \_\_\_\_\_

Mission of organization (attach additional information as required): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Organization Established: \_\_\_\_\_

List of Board Members: \_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Additional funding & source(s): \_\_\_\_\_

Description of purpose of this specific request, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of Impact (# of people & impacts geographically): \_\_\_\_\_

\_\_\_\_\_

Has Gate City Rotary granted to the organization before? (Y/N) \_\_\_\_\_ If so, when? \_\_\_\_\_

How long has sponsor been involved with this organization? \_\_\_\_\_

Describe sponsor's role in the organization: \_\_\_\_\_

Describe sponsor's involvement in the work covered by this request: \_\_\_\_\_

\_\_\_\_\_

\*Please provide a statement of impact if only a partial amount of the request is funded

**TRANSMIT THIS FORM AND ADDITIONAL INFORMATION TO CLUB PRESIDENT – CHIP PERSON**

**Email: [glen.person@raymonjames.com](mailto:glen.person@raymonjames.com)**

**Address: Chip Person, Raymond James Financial Service, Inc., 108 State St., Suite 200, G'boro, NC 27408**

**BY NOVEMBER 29, 2011**

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For Committee Use Only

Notes:

Approved/Rejected: \_\_\_\_\_ Date: \_\_\_\_\_