

# The Rotary Club of New Bern Grant Application

Name of Organization:	
Legal name (if different):	
Year Organization Established:	
Mailing Address – Street:	
Mailing Address - City, ST & Zip:	
Employer Identification No. (EIN):	
Organization Website:	

	Head of Organization	Grant Contact
Name:		
Title:		
Phone:		
E-mail:		

Dates and Amounts of Previous Grants Received from The Rotary Club of New Bern:

Organization Mission Statement:

**Annual number** served by the organization:

### Grant Request Summary

Proposed grant request timeframe (month/day/year): \_\_\_\_\_ to \_\_\_\_\_

A. Total cost of the proposed activities	\$	
B. Total dollars committed to date	\$	
C. Request to The Rotary Club of New Bern	\$	
D. Request as a percent of total cost (line C/ line A)		%

This grant is for a project:	Yes	No
This grant is for general operating support:	Yes	No

Grant application must be signed by both CEO/Executive Director and Board Chair:

\_\_\_\_\_  
CEO/Executive Director

\_\_\_\_\_  
Chair, Board of Directors

## Organizational Governance

What percentage of your board contributes financially on an annual basis?	%
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## Organizational Staffing

	Number		Number
Paid full-time employees:		Contracted employees:	
Paid part-time employees:		Volunteers:	

## Grant Request Abstract

In the space below, please briefly describe the proposed request, including the problem or need that will be addressed, the specific outcomes you intend to achieve and how the outcomes will be measured. (up to 300 words).

## Grant Request Budget

- Please summarize your estimated budget. **If requesting funds for a specific project, include the budget for the anticipated grant activities only. If requesting funds for general operating support, include the annual organizational budget.**
- The grant budget must balance and the total cost (Line 25) must agree with the total cost on page 1, Line A.

INCOME	Anticipated Cash Income	Anticipated In-Kind Goods and Services
1. Service Fees and Admissions:	\$	
2. Corporate Contributions/Sponsorship:	\$	
3. Individual Contributions:	\$	
4. Foundation Support:	\$	
5. Fundraisers and Special Events:	\$	
6. Government Support: State/Federal/Local:	\$	
7. Internal Re-allocation:	\$	
8. Other (Please specify):	\$	
9. TOTAL CASH INCOME (Add lines 1-8)	\$	
10. TOTAL IN-KIND GOODS/SERVICES (Line 24 below)		\$
11. TOTAL INCOME WITHOUT GRANT (Add lines 9+10)	\$	
12. <b>ROTARY GRANT REQUEST</b>	\$	
13. TOTAL INCOME WITH GRANT (Add 11+12) (Line 25 should = Line 13)	\$	

EXPENSES	Anticipated Cash Expense	Anticipated In-Kind Goods and Services	Specific use of Rotary funds
14. Employee Compensation, Benefits and Taxes:	\$	\$	\$
15. Professional Fees & Contracted Labor:	\$	\$	\$
16. Professional Development:	\$	\$	\$
17. Printing and Publications:	\$	\$	\$
18. Supplies:	\$	\$	\$
19. Marketing/Advertising (project-related only -- not agency):	\$	\$	\$
20. Space Rental and Occupancy:	\$	\$	\$
21. Travel/Transportation:	\$	\$	\$
22. Other (Please specify):	\$	\$	\$
23. TOTAL CASH EXPENSES (Add lines 14-22)	\$		
24. TOTAL IN-KIND GOODS/SERVICES (Add lines 14-22)		\$	
25. TOTAL EXPENSES (Add Lines 23 + 24)	\$		

## Required Supplementary Materials

- \_\_\_ Board of Directors list. Please include corporate or other affiliation; note officers.
- \_\_\_ Year-to-date organizational financial information for current fiscal year
- \_\_\_ Most recent annual report or publication describing your organization (if available)
- \_\_\_ Copy of your IRS designation letter with 501(c)(3) status

### **Please submit:**

One printed copy of the entire packet, using binder clips (not staples) to:

President  
The Rotary Club of New Bern  
PO Box 818  
New Bern, NC 28563

*Thank you for submitting a Grant Application to The Rotary Club of New Bern.*