## 2019 MARQUETTE WEST ROTARY FOUNDATION Grant Application

**Instructions:** 

Before completing this application, review the criteria for awarding funds, which is attached.

Return this form by <u>June 1, 2019</u>. The Marquette West Rotary Foundation will notify all successful grant recipients by July 15, 2019.

If you wish to provide additional information, feel free; however, please be brief.

Contact Person (Print)	(Signature)
Organization	Funding Request §
Mailing Address	Phone
e-mail address	

1. Give a brief description of what your organization does in the Marquette area.

2. Explain in detail the specific purpose for which these funds will be used.

3. Do you anticipate this request will be made on an annual basis? YES\_\_\_\_NO\_\_\_\_. (If "Yes", explain.) 4. Describe the target population(s) that would directly benefit from approval of this grant.

this grant. (Include estimated numbers and geographic location of services being provided.

5.	Is this a single project re	quest? YES	<u>NO</u> .	
If "Yes, what	is the total project budget?	\$	_•	
Will this request qualify for any matching funds? YES			_NO	
If "Yes, what i organizations, b	is the amount? \$ ousinesses or individuals wi	ll match funds?	What other	
How much mon grants to suppor	ey have you already raised rt this project? If yes, ple	? \$ ease list other donors.	Have you received other	
Is the project fe	asible if only partial award	is possible? YES	NO	
(If grant is awar must be reimbu		raised, the Marquette We	st Rotary Foundation Grant	
6.	What is your total budge	t for all programs? \$	·	
7.	What percentage of your	total budget is allocated to	o administrative expenses?	
8.	What percentage of your total budget is the request?			
9.	Please list any other sources and amounts of revenue your organization receives to support your operations? (i.e. United Way, direct solicitation, etc.)			
10	held on August 22, 23 and	Foundation funds are deri porFest and HarborFest G d 24, 2019. Will your orga rk at HarborFest this year	ala. These events will be nization be willing to	
	Yes	NO		
11	1. Does your organization   YESNO_			

**Return Application To:** MARQUETTE WEST ROTARY FOUNDATION

## P.O. BOX 383 MARQUETTE, MI 49855 Or e-mail to: pamraec@gmail.com

## MARQUETTE ROTARY WEST FOUNDATION Grant Criteria

To be eligible for Marquette West Rotary Foundation funding, an application should meet the following criteria. However, due to limited financial resources, eligibility does not guarantee funding.

- 1. Marquette West Rotary Foundation prefers applications for funding that will provide services and program to improve the health, well-being or quality of life for at least one of the following populations
  - a. Children and Youth
  - b. Adults
  - c. Senior Citizens
  - d. Persons with Disabilities or Chronic Health Conditions
  - e. Persons Living in Poverty or who are at risk
  - f. Educational Programs
  - g. Any combination of the above.
- 2. Funding applications should directly benefit groups or organizations that serve and reside in the Marquette area.
- 3. Applications submitted by individuals, for profit businesses, political parties, religious organizations to promote a specific religion or religion viewpoint and organizations providing lobbying or supporting ballot proposals will not funded.
- 4. Funding through the foundation does not guarantee funding in any future years.
- 5. Applicants will be required to have at least one representative attend the Grant Award Ceremony.
- 6. Marquette West Rotary Foundation reserves the exclusive right to interpretation of the aforementioned criteria in the award process.