



ROTARY CLUB OF TRAVERSE BAY SUNRISE FOUNDATION

WEB: WWW.TCSUNRISEROTARY.ORG

E-MAIL: TCSUNRISEROTARYGRANTS@GMAIL.COM

Grant Application Cover Sheet

Date of Application: _____

Legal name of organization applying: _____

Contact Person: Name/ Title/ Address/ Phone number/E-mail/Fax:

Chairperson: Name/ Title/ Address/ Phone number/E-mail/Fax:
(If different from above)

List any previous support from Traverse City Rotary Organizations in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence):

Dates of the Project: _____

Total Project Cost: \$ _____

Amount Requested: \$ _____

Chairperson

Date

Typed Name and Title

Supporting Information

Statement of Need/Description of Problem: (Limited to 1,000 characters)

What specific benefits do you expect will be received through this project? How will you measure the outcome? (Limited to 1,000 characters)

How many people will be served in the time period of this project? _____

Geographic Area Served: _____

Note: If you receive financial assistance from the Rotary Club of Traverse Bay Sunrise Foundation you will be required to adhere to our grant authorization agreement which includes the following terms:

- 1. Your organization will give a presentation to the Rotary Club of Traverse Bay Sunrise Foundation within the next 12 months.**
- 2. If funds are not used within 12 months for the approved project they must be returned to the Rotary Club of Traverse Bay Sunrise Foundation.**

Grant Budget

A. Time period this budget covers: _____

B. Expenses (No salaries are to be included.)

	Amount requested from the Foundation.	Total project expense.
Equipment		
Supplies		
Professional Fees/Outside Speakers		
Travel		
Printing/Copying/Postage/Delivery		
Telephone & Fax		
Student Attendance Fees/Scholarships		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other (specify)		
Total		

C. Revenue

Specify below the other sources and amounts that will contribute to the total project cost.	
Source	Amount

Grant Evaluation

- A. The Rotary Club of Traverse Bay Sunrise Foundation will use the following criteria when evaluating grant request:

Evaluation	1=Low	5 = High
1	Are the community's <u>needs</u> clearly identified?	
2	Are the intended <u>outcomes</u> clearly identified?	
3	Do the outcomes/goals address the identified needs?	
4	The budget is realistic to accomplish the proposed goals?	
5	Will granting this request impact the community in a positive way?	
6	Is the project sustainable?	

Applications **must** be received by February 15, 2024

Completed applications can be sent electronically to:
tcsunriserotarygrants@gmail.com Or via postal service to: Traverse Bay Sunrise Rotary Club: P.O. Box 21, Traverse City, MI 49685

Application questions: tcsunriserotarygrants@gmail.com