



# 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*

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## Supporting Information

Statement of Need/Description of Problem: *(attach additional sheet if necessary)*: \_\_\_\_\_

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What specific benefits do you expect will be received through this project? How will you measure the outcome?

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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.)

	<b>Amount requested from the Foundation.</b>	<b>Total project expense.</b>
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.	
<b>Source</b>	<b>Amount</b>

## Grant Evaluation

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A. Traverse Bay Sunrise Foundation will use the following evaluation criteria:

- Does this request meet TB Sunrise Rotary's stated mission/vision goals?
  - 1) *Improving the lives of local youth through need-based projects*
  - 2) *Improving families and communities through life-sustaining fresh water*
  - 3) *Advance world understanding, goodwill, and peace through the improvement of health*
  - 4) *The support of education*
  - 5) *The alleviation of poverty*
- Are intended outcomes clearly identified?
- Is the budget realistic to accomplish the proposed goals?
- How will the grant funds impact the community?
- If ongoing, is the project sustainable?

B. Grant cycle – applications must be received by SEPTEMBER 30.

C. Completed applications can only be submitted electronically to:

[tcsunriserotarygrants@gmail.com](mailto:tcsunriserotarygrants@gmail.com)

If you have application questions, please email:  
[tcsunriserotarygrants@gmail.com](mailto:tcsunriserotarygrants@gmail.com)