

THE ROTARY CLUB OF SKOKIE VALLEY FUND ALLOCATION FORM

The Rotary Club of Skokie Valley and its affiliated foundations invite proposals for contributions to bona fide charities and worthy individuals needing assistance. The Club requests that any individual or organization seeking funding complete this form. It can be returned to any Rotarian, or mailed to P.O. Box 53, Skokie, IL 60077.

Preference will be given to charities or individuals with strong ties to one or more of our communities (Skokie, Lincolnwood, Niles, and Morton Grove). Preference will also be given to causes which involve individual Rotarians as volunteers, and which provide unique programs or services. Those receiving grants, which may be renewable, should be prepared to report to the club regarding the results and effectiveness of the contribution.

Requesting Organization			
Address	7:	Dhama	Fax
Name/title of person completing to			
Name/tile of contact person	uns application_		
Name/tile of contact person Tax Status 501(c) (3) yes/no	509(a) ves/no	Munic	ipal Gov't, ves/no
School yes/no Park District	yes/no other g	ov't agency	yes/no (explain yes)
If no to all above, how do you qual			
			n, with offices held, if any
	<u> </u>		
Percentage of organization budget:	from taxes		United Way
Percentage of budget for this specif	iic project from	taxes	United way
Briefly describe the project. You n	nav continue on a	dditional shee	ts, or attach descriptive brochures.
forms, announcements, or other ma			
Is the organization aliable for met	ahina funda far th	is project? ve	s/no. If you from whom
Have you applied for other grants f			s/no If yes, from where
Trave you applied for other grants i	ioi uns project: ye	s/110 Receive	d any: yes/no (Attach detans)
Approximate budget for this project	ct? (Attach details	(;)
Prior year actual budget, if repeat p			
Number of Professional staff members	bers Volu	inteers v	who will be involved with this project.
How will this projected be evaluated			
		(Attach	prior year evaluation, if any.)
Approximate percentage of total pe	onulation which u	vill banafit fra	om this grant living in
Approximate percentage of total possible Lincolnwood N			
what other ties to one or more or the		<u> </u>	
Services offered by your organizati			
Civic/economic development	Education_	Env	ironment Health
Human Services Parks	s/recreation	Seniors ₋	Youth
Does the organization have a policy	v against discrimi	nation based	on race, religion, color, creed, sex, or
national origin? yes/no	y against discrinin	ianon baseu (on race, rengion, color, creed, sex, or
marchar origin. your			
Amount requested	Des	ired payment	date
Signature of Applicant	Ti	tle	Date