



**Good Works Fund
Grant Guidelines & Application**

Mission:

The mission of the Good Works Fund is to support projects that address unmet needs in the area, with a priority on Grand Traverse County.

Granting priorities:

Grants are available only for nonprofit organizations and projects. Priority is given to organizations whose operating revenues do not come primarily from tax dollars.

Priority areas for funding:

- Arts and Culture
- Basic Human Needs
- Education
- Environment
- Health and Safety
- Recreation

Funding is potentially available for:

- Capital expenditures
- Equipment
- One-time special opportunities/events
- Start-ups and new projects

Funding is not available for:

- Endowments
- Individuals
- Multiple years
- On-going operating expenses
- Religious activities or programs
- Salaries
- Participation fees
- Sponsorships

Guidelines for applicants:

- Rotary Good Works grants are only available to nonprofit organizations.
- Good Works primarily funds projects located in and benefitting residents of Grand Traverse County.
- Applicants are encouraged to have alternative or additional funding sources in place prior to applying, and to include these plans in their application. Good Works grants never fund 100 percent of a project's cost.
- Grants will not exceed \$5,000.
- Priority is given to projects that have the broadest possible long-term impact in our service area.
- Rotary Good Works does not fund recurring programs. Our goal is to provide one-time funds to assist in start-ups, one-time projects, or special needs. We will not fund the same project a second time or approve repeat requests.

Procedures for applicants:

- Download the application in fillable PDF form from our website at traverescityrotary.org. A Word version of the form is also available for those who cannot work with PDF files.
- **Submit the completed PDF (or Word) grant application form via email to tcrotary2822@gmail.com.**
- Applicants should review the Good Works priorities, guidelines and procedures before completing the grant application form.
- Answers should be clear, complete and concise. Include who, what, where, when and how. Do not exceed the space provided, and do not attach additional pages unless absolutely necessary.
- Complete all parts of the application form. Do not leave anything blank.
- Grants involving Traverse City Area Public Schools must be reviewed by the Superintendent's office prior to submission.
- Applications received after the Good Works submission deadlines listed on the Rotary website will be held over until the next committee meeting date.
- For further information, contact Good Works chair Deb Lake at lake.deb@gmail.com or 231-944-4117, or visit the Traverse City Rotary office at 202 E. Grandview Parkway, Traverse City MI 49684.

After your application has been submitted:

- Prior to Good Works meetings, committee members volunteer to investigate grant applications. You may receive a call from a committee member seeking answers to questions about your proposal.
- Your application may be accepted, denied or tabled for more information. The amount granted may be less than the amount requested.
- The Good Works Committee makes recommendations to the Rotary Club Board of Directors, and the board makes final decisions on grant recipients and amounts.
- You will be notified as to the status of your application by email following the Board's action.

Follow up:

- The Good Works Committee may issue information to the media about its grant awards.
- Traverse City Rotary Club's Good Works Fund grant recipients are required to submit a brief narrative report on the use and benefit of granted funds within 12 months of grant fund receipt.
- Grant recipients must provide photographs of the event or project for Rotary Good Works use.
- Grant recipients are expected to credit the Rotary Good Works Fund whenever possible.

I. Non-Profit Organization Information

Legal Name of Organization Applying: _____

Year Founded: _____

Current Total Operating Budget: _____

Contact Name/Project Manager (for questions): _____

Position: _____

Email: _____

Cell: _____ Alternate Phone: _____

Address (principal/administrative office): _____

City/State/Zip: _____

How did you hear about the Good Works Committee Grants?

Briefly describe your organization and its mission:

II. Project Summary

Project Name: _____

Purpose of Grant Summary:

Dates of Project: _____

Funding Area (check all that apply):

- Arts and Culture
- Basic Human Needs
- Environment
- Health and Safety
- Recreation

Type of Project (check all that apply):

- Capital Expenditure
- One-Time Special Opportunity or Event
- Equipment
- Start-Up or New Project

Other (describe):

III. Past Rotary Support

Has your organization previously requested funding from Rotary Good Works? If so, when?

List support received from any and all Traverse City Rotary organizations in the last five years:

	Date	Amount	Sponsoring Club	Project Name
1				
2				
3				
4				

IV. Budget (see also Grant Budget Attachment on page 7 of this form)

Total Project Budget :

\$

Amount Requested (not to exceed \$5,000):

\$

What are your other sources of funding, beyond this grant request?
Please list all other funding received or requested.

Will the project proceed if this grant is not received, in whole or in part? Through what means?

If this is not a one-time project, how will it be funded in subsequent years, after the grant period?

V. Project Description (attach additional pages if necessary)

There are many needs in our community, and our funds are limited. In answering the following questions, please explain your project with facts and information that will help us understand your project, its scope and impact, and why your organization is deserving of Good Works funding.

1. What needs or problems does this project address?

2. We prefer projects that provide the greatest benefit to more people, as well as those with long-term impact. What specific benefits will be achieved through this project? Can the project be replicated or expanded for greater reach?

3. What resources will be brought to bear on this project, and what planning has been done in its development?

4. What project evaluation methods are planned or in place?

5. We encourage partnerships, through which projects can have a greater impact. Are you collaborating with another organization?

VI. Service Area and Population Served

How many people will be served by this project in the time period specified?

Geographic Area Served:

If the project will serve an area larger than Grand Traverse County, what percentage of your project's beneficiaries will be Grand Traverse County residents? _____%

Populations Served (check all that apply):

- Families
- Seniors
- Youth
- Under Resourced Communities
- Special Needs
- Veterans
- General Population

Initials to Indicate Authorized Official's Signature

Date of Application

Name and Title of Authorized Official Approving Grant Application

Grant Budget Attachment

A. Time period this budget covers: _____

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

	Amount requested from Rotary Good Works Fund.	Total project expense.
Equipment		
Supplies		
Professional Fees/Outside Speakers		
Travel		
Printing/Copying/Postage/Delivery		
IT/Technology		
Student Attendance Fees/Scholarships		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other:		
Total		

C. Revenue

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