

**Estes Valley Sunrise Rotary**

P.O. Box 4261 Estes Park, CO 80517

estessunriserotary@gmail.com

**2020 Community Grant Request for Proposals**

Rotary is a service organization of business and professional leaders united worldwide. Rotarians provide humanitarian service, encourage high ethical standards in all vocations, and help build peace in the world. Rotary is dedicated to promoting truth, enhancing good will and friendships, and being beneficial and fair to all concerned. Nearly 1.2 million men and women belong to over 31,000 Rotary clubs in over 160 countries. Membership is by invitation and reflects a cross section of each community. The Estes Valley Sunrise Rotary Club is dedicated to supporting the Estes Valley community.

**The Estes Valley Sunrise Rotary (EVSR) invites proposals from charitable organizations in the Estes Valley for grants to support programs and projects (Programs) to benefit the Estes Valley community. To apply for funding, complete and submit the following grant application no later than March 31, 2020.**

ONE APPLICATION; HOW TO SUBMIT. An Organization may submit only one application, using the following application form. Email the completed form to the email address above, or print it and mail it to the P.O. Box above. **Email is strongly preferred**. Additional details (brochures, other background information, and financial information) may be included with the application, in either digital (pdf) or paper form.

CHARITABLE ORGANIZATIONS. EVSR contributes primarily to charitable non-profit organizations in the community. If received, submit a copy of the Internal Revenue Service determination letter dated after 1969 classifying the Organization as tax exempt under section Section 501 of the Internal Revenue Code. Otherwise, explain how the Organization qualifies as a charitable organization. The funded Program must benefit the Estes Valley community.

NONDISCRIMINATION POLICY. Applicants must not discriminate on the basis of race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry, age, or any other basis prohibited by applicable law. Applicants may limit services or opportunities to specific populations, but the limitations must be reasonably related to the provision of the services or opportunities.

IMPERMISSIBLE USES. EVSR does not fund Programs for: (a) salaries, general operating expenses, debts, or any costs the Applicant is already obliged to pay; (b) large capital projects, except a specific portion of high interest to EVSR, or (c) endowments, development funds, or other foundations for general funds, fund raising events, or general operating expenses.

GRANT MANAGEMENT. Grants are for the current year only. An Application must be completely filled out each year, even if the Applicant previously received a Grant**.** If the Grant will not be used for the funded Program, funds not properly used must be promptly returned.

ASSURANCES. The Application must be signed by an authorized official of the Applicant, certifying that the requested funds will be used for the stated purpose and will not be used in any Program that discriminates on any illegal basis.

FUNDING DECISIONS. Awards will be announced near the end of April 2020. Each Applicant will receive a funding status letter. Otherwise, the EVSR Community Grants Committee will contact an Applicant only if additional information is needed.

PRESENTATION. If a Grant is awarded, your Organization may be asked to attend an EVSR meeting to report on the Program and Organization.

**Estes Valley Sunrise Rotary**

**2020 Community Grant Application**

***THIS IS A WORD DOCUMENT. Please download the form, complete it and return it to us at*** ***estessunriserotary@gmail.com******. If you have any questions, please contact us at the above email address. Once we receive your completed application, we will reach out to you if we have additional questions.***

Program (for which funding is requested) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (organization/agency) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the Organization established? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dollar amount **requested** for **2020**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide the following information to help us assess the Organization’s current nonprofit status:

Current Federal Employer Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered with Colorado Secretary of State as nonprofit? Yes\_\_\_\_\_ No\_\_\_\_\_

Filed for 501(c)(3) with IRS? Yes\_\_\_\_\_ No\_\_\_\_\_

Received nonprofit determination letter from the IRS? Yes\_\_\_\_\_ No\_\_\_\_\_

Is another organization serving as your fiscal agent? Yes\_\_\_\_\_ No\_\_\_\_\_

(If “yes”, list the agency’s name, address, and contact person)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the mission of the Organization?
2. Describe the population and geographic area targeted for service through the Organization.
3. a. What specific Program will be supported with the assistance of any Estes Valley Sunrise Rotary funding (if it is granted)? Is this expense reflected in the current year's budget?
4. Please attach the anticipated budget for the Program, the 2020 budget for the Organization, and the 2019 financial statements for the Organization.
5. How many people in total are served by the Organization in a typical twelve-month period? \_\_\_\_\_\_

What percentage of that total is from the Estes Valley? \_\_\_\_\_\_\_\_\_.

1. How do you determine the demand/need for the services the Program/Organization provides?
2. Who will be responsible for the administration of the Program for which you are requesting funding?
3. Do any other organizations provide similar services to the target population in the Estes Valley? If so, please identify them.
4. Describe any cooperative activities between the Organization and others offering similar services.
5. What is anticipated to be raised though other fundraisers in 2020? Is this expected amount included in the budget?
6. List all anticipated funding sources for the Organization for the coming year.
7. Describe anticipated in-kind support (such as volunteer and Board hours, estimated value of donated materials or auction items, etc.) for the coming year.
8. What percentage of the Organization’s Board has contributed funds to the Organization during the past year: \_\_\_\_\_\_\_%. (We are not interested in the amounts given by the individual Board members, just in the percentage of the Board members who have financially supported the organization.)
9. Please attach a list of the Organization Board of Directors, with names, titles, and addresses.
10. **How will any received Rotary support be publicly acknowledged by your organization?**

 \_\_\_ Letters

 \_\_\_ Newspaper articles

 \_\_\_ Annual Report

 \_\_\_ Other - describe:

1. While not a requirement of the application, would your organization be willing to provide Estes Valley Sunrise Rotary 8 hours of volunteer time at our fund-raising event, the Autumn Gold Festival?
2. Consideration will be given only to Applications signed by an authorized official of the Organization making the certification stated below.

We hereby certify that the requested grant will be used solely for its stated purpose and will not be used in any program that discriminates on any illegal basis.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Director (signature) Board President/Chair (signature)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Phone

**Reminder: Please be sure to submit the required financial information for question 3b, and the list of Board members requested in question 13.** Also feel free to submit any brochures or other supporting documents that you think would be helpful to deliberations.