

**MODESTO ROTARY CLUB FOUNDATION**

P.O. Box 672  
MODESTO, CA 95353

**CONTACT INFORMATION**

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Page Address WWW \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Agency Legal Name: \_\_\_\_\_

Tax Status: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Fiscal Agent (If applicable): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Important (please check when completed):**

- Please include a cover letter on your organization's letterhead.
- Please enclose or submit electronically to [morotary@modestorotary.org](mailto:morotary@modestorotary.org) a copy of your organization's Form 990, Form 990-EZ, or Form 990-N for your most recent fiscal year. If not attached, please provide reason:
  - Exempt as a church, so not required to file
  - First year in existence
  - Other (please explain) \_\_\_\_\_
- Please email your completed application to [morotary@modestorotary.org](mailto:morotary@modestorotary.org) or mail to the address above. The foundation reviews grant applications quarterly and applications deadlines are February 25, May 25, August 25, and November 25 for consideration the following month. Only one application per agency per year is accepted.

**ORGANIZATION INFORMATION (1 PAGE MAXIMUM)**

Brief summary of organization's history.

Brief summary of organization's mission and goals.

Description of current programs, activities and accomplishments.

**MODESTO ROTARY CLUB FOUNDATION  
GRANT/EVENT APPLICATION**

**PROJECT INFORMATION**

Project Title: \_\_\_\_\_

Event Title/Location: \_\_\_\_\_

Project Period/Event Date: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Total Organization Budget: \_\_\_\_\_ Total Project Budget: \_\_\_\_\_

Geographic area(s) to be served: \_\_\_\_\_

Community Partners:

**Prior funding received from Modesto Rotary Foundation (list below)**

|                             |             |               |
|-----------------------------|-------------|---------------|
| Program<br>Name/Type: _____ | Date: _____ | Amount: _____ |
| Program<br>Name/Type: _____ | Date: _____ | Amount: _____ |
| Program<br>Name/Type: _____ | Date: _____ | Amount: _____ |

**Category: Please check only one.**

(Grant/Event funds must be spent within the specified grant period)

|                          |            |                          |             |
|--------------------------|------------|--------------------------|-------------|
| <input type="checkbox"/> | Charitable | <input type="checkbox"/> | Educational |
| <input type="checkbox"/> | Scientific | <input type="checkbox"/> | Literary    |

**GRANT PURPOSE (MAXIMUM 2 PAGES)**

Statement of needs/problems to be addressed (include a description of target population and how those individuals will benefit from these funds).

Description of project goals and objectives (include # of clients impacted).

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GRANT/EVENT APPLICATION**

Plans to accomplish the goals, objectives and timeline for implementation of the project.

**Sustainability Plan:** Long-term strategies for funding this project.

**Evaluation Plan:** Description of how the success of the funded program/event will be defined and measured.

**Communication Plan:** Description of how the program/event progress and result will be communicated and to whom.

\_\_\_\_\_  
Name of Chair, Board of Directors, or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM B-BUDGET**

**ANNUAL BUDGET REQUEST**

Organization Name: \_\_\_\_\_

Name of Proposed Project: \_\_\_\_\_

| <b>OPERATING EXPENSES</b>   | <b>AMOUNT REQUESTED</b> | <b>FUNDING FROM OTHER SOURCES</b> | <b>IN-KIND</b> |
|---|-------------------------|-----------------------------------|----------------|
| A. Personnel  |                         |                                   |                |
| B. Rent and Utilities   |                         |                                   |                |
| C. Office Supplies  |                         |                                   |                |
| D. Program Supplies   |                         |                                   |                |
| F. Travel   |                         |                                   |                |
| G. Training/Conferences   |                         |                                   |                |
| H. Other (please describe) –<br>Professional Fees, consultants,<br>Insurance, telephone, copies,<br>printing, equipment, postage,<br>license & permits and sales tax. |                         |                                   |                |
| <b>TOTAL</b>  |                         |                                   |                |

**Overhead/Indirect costs:** Modesto Rotary Club Foundation WILL NOT fund overhead or indirect costs of projects.

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3. Please email your completed application to [morotary@modestorotary.org](mailto:morotary@modestorotary.org) or mail to the address on the front page of this application. Application deadlines are February 25, May 25, August 25, and November 25 for consideration the following month. Only one application per agency per year is accepted.