**2024 Grant Guidelines**

* Recipients should be charitable 501c3 organizations. For individuals who wish to engage in independent charitable work or find themselves in difficult situations, we request they partner with an established charitable organization.
* DFRCF Grant Requests will only be considered if all documentation is complete and submitted by the deadline AND has a Rotarian sponsor.
* Grants are not automatically renewed or reconsidered each fiscal year. An application must be submitted within each fiscal year for which a grant is requested. The Rotary fiscal year is July 1- June 30.
* Rotary is dedicated to causes that build international relationships, improve lives, and create a better world to support our peace efforts and end polio forever. Typically, Rotary International and our local Downtown Franklin Rotary Club is interested in supporting targeted projects that address one or more of Rotary’s Areas of Focus, which are:
* Rotary’s Seven Areas of Focus
	+ Peacebuilding and Conflict Prevention
	+ Disease Prevention and Treatment
	+ Water, Sanitation and Hygiene
	+ Maternal and Child Health
	+ Basic Education and literacy
	+ Community Economic Development
	+ Environment
* Recipients will be expected to issue a follow-up report regarding the effect of Rotary’s grant. This should include receipts, photographs, testimonials, numbers served and the overall impact of the dollars received.
* Recipients are encouraged to acknowledge the Downtown Franklin Rotary Club in their publicity as a donor.
* We also hope that you and your organization will make an effort to attend, promote and volunteer for our two major fundraisers each year.

**Downtown Franklin Rotary Foundation Application for Support**

*Please note the deadline for applications is August 1, 2024. Grant Checks will be written by October 31, 2024.*

*Please Email completed applications and all supporting documentation to:*

andyhawkinsnashville@gmail.com

jbrotary@comcast.net

Organization Name:

Organization Mailing Address: Click or tap here to enter address.

CityClick or tap here to enter cityState: Click or tap here to enter state Zip: enter zip code here

501(3)c number: Click or tap here to enter number.

Does your organization have a Giving Matters Profile? Click or tap here to enter text.

Organization Contact: Click or tap here to enter text.

Contact Phone: (Click or tap here to enter phone number)

Contact Email:Click or tap here to enter email address.

Sponsoring Rotarian: Click or tap here to enter text.

Geographic Area Served: Click or tap here to enter text.

Project Name: Click or tap here to enter project name.

Total Project Budget (Attach Documentation Detailing Expenses): Click or tap here to enter amount

Amount Requested from Rotary: Click or tap here to enter amount.

Brief Summary of the Project (No More Than 500 Words):

Click or tap here to enter text.

Target Population: Click or tap here to enter text.

Timeline: Click or tap here to enter text.

If awarded, how would the support from Rotary be used for the project?

Click or tap here to enter text.

How would partial funding impact this project? Click or tap here to enter text.

Which area(s) of focus does this project address?

\_\_\_\_\_ Peacebuilding and Conflict Prevention, \_\_\_\_\_ Disease Prevention and Treatment,

\_\_\_\_\_ Water Sanitation and Hygiene, \_\_\_\_\_ Maternal and Child Health, \_\_\_\_ Basic Education and Literacy

\_\_\_\_\_ Community Economic Development, \_\_\_\_Environment

Please describe how your project addresses applicable area(s) of focus. If your project does not address any of the focus areas above, what additional information should be considered when evaluating your project?

Click or tap here to enter text.

Do any Rotarians (Downtown Franklin or other Clubs) serve on your board? Choose an item.

If yes, click here to add name

If submitting additional attachments for support, please list them below and provide a brief description.

Click or tap here to enter text.

Should Rotary Award a Grant, Checks Should Be Made Payable to: Click or tap here to enter name to go on the check

If Mailing Address for Payment different from address above enter here: Click or tap here to enter address for check.

Printed Name of Executive Director or Board President:Click or tap here to enter name.

Title: Click or tap here to enter title.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap here to enter date.

Supporting Documentation Requested

* Current list of Board of Directors
* IRS 501c3 documentation including EIN #
* 2017 (or most recent) IRS Form 990
* Total Project budget breakdown

Revised 02-11-2024.