**Grant Application**

**The Rotary Club of Scottsdale North**, through its charitable arm, the **Scottsdale North Rotary Foundation**, makes limited contributions to organizations in the Greater Phoenix/Scottsdale area on selective basis. Grant applications are due by May 8th to be considered for additional District grant matching funds. Applications for individuals will not be accepted. It has been our practice to consider 501(c)(3) organizations first.

Applicants will be notified of acceptance by the Scottsdale North Rotary Foundation Board.

This application and any attachments should be mailed or emailed to:

Michael Jacoby

18711 E. Pinnacle Peak Road

PMB 138

Scottsdale, AZ 85255

jacobymv@gmail.com

**Please answer all questions.**  To digitally complete this form, please click on each shaded area to fill in your relevant information. Your TAB key will allow you to quickly move from one shaded area to the next area in the form. This form can also be printed and completed by hand.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Organization: | | |  | | | |
| Address: |  | | | | | |
| Person submitting application: | | | |  | | |
| Phone number: | |  | | | Email Address: |  |
| Website: |  | | | | | |

**Is your organization an IRS-approved 501(c)(3)?** Please attach your organization’s 501(c)(3) Determination Letter

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Your organization's mission statement:**

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**Description of the project for which the funds are requested:**

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|  |  |
| --- | --- |
| **Budget for your Project:** |  |

**Describe the impact/outcome and discuss metrics that will be used to measure the success of the project:**

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|  |

**Will this project continue without Rotary funding?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Who is your Rotary Club Scottsdale North sponsor for this project?**

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| --- |
|  |

**Do you have an audited/unaudited copy of your financials? Please attach.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

**Provide any additional information that applies to this application**:

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| --- | --- | --- | --- | --- | --- |
| Signature of Requesting Organization Executive Director: | |  | Date: | |  |
| Signature of Rotary Club sponsor: |  | | | Date |  |

**Approved:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Signature, Rotary Board President: | |  | Date: | |  |
| Signature, Rotary Treasurer: |  | | | Date |  |

|  |  |
| --- | --- |
| **Date Grant Awarded:** |  |