

*Rotary Club of Orchid Island Charitable Foundation  
P.O. Box 4081  
Vero Beach, Florida 32964-4081*

**GRANT APPLICATION**

Thank you for your interest in being considered for a grant by the Rotary Club of Orchid Island Charitable Foundation.

Please fill out the attached form and submit it for review by the Foundation's Review Committee. The Foundation generally announces its grants in late April or early May, thus completed application forms ideally should be submitted before February 15<sup>th</sup> to be appropriately considered for our regular annual grants. Special grants may be considered at other times at the Foundation's discretion.

Only typewritten or computer generated applications will be accepted. Please complete application in full. If any part of the application is incomplete, the Review Committee will decline the application.

**Our Club is interested in programs that evidence a strong emphasis on youth, and where our grant will have a substantial impact, and will not be a minor portion of the funding need for the identified project. Please note that the Rotary Club of Orchid Island Charitable Foundation is primarily interested in projects affecting Indian River County and the State of Florida.**

Should your organization receive a grant from The Rotary Club of Orchid Island Charitable Foundation, a written report must be submitted no later than December 31<sup>st</sup> of the year following the grant. The report form, which successful candidates will receive upon receipt of their grant, will include information pertaining to: how many individuals were served; did you reach your target audience; what results were achieved through your program; was your program on track with your initial goals, what you would have done differently; did you consider your program to be a success? In addition, the organization will provide a financial statement showing that the funds were spent solely for the purposes for which they were intended.

Please complete the form and return it to:

Rotary Club of Orchid Island  
Attention: Charitable Foundation, Inc.  
P.O. Box 4081  
Vero Beach, Florida 32964-4081

Again, thank you for your interest.

H. Webster Walker III  
Foundation President  
772-569-1234  
[hwwalkeriii@gmail.com](mailto:hwwalkeriii@gmail.com)

**ROTARY CLUB OF ORCHID ISLAND CHARITABLE FOUNDATION, INC. GRANT  
APPLICATION**

Date of Application: \_\_\_\_\_

**ORGANIZATION**

Organization name: \_\_\_\_\_

Legal Name, if different from above: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Year Organization Founded: \_\_\_\_\_

United Way Agency:      Yes              No              Mission: \_\_\_\_\_

\_\_\_\_\_

Person preparing/submitting this grant request:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: 772-532-3309 Fax: \_\_\_\_\_ Email: [cynthiascherpf@aol.com](mailto:cynthiascherpf@aol.com)

Top Official: \_\_\_\_\_ Title: \_\_\_\_\_

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

## BUDGET

	<b>Organizational Budget</b>	<b>Project Budget</b>
<b>Revenue</b>		
Government Grants	\$	\$
Foundations		
Corporations		
United Way		
Individual Contributions		
Fundraising		
Membership Income		
Investment Income		
Earned Income		
OTHER (specify)		
<b>Total Revenue</b>	\$	\$
<b>Expenses</b>		
Salaries & Wages	\$	\$
Contract personnel		
Fundraising costs		
Travel		
Equipment		
Supplies		
Rent & Utilities		
OTHER (specify)		
<b>Total Expenses</b>	\$	\$
Grant Request	\$	\$
<b>Total</b>	\$	\$

# **PROPOSAL**

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

Project duration: \_\_\_\_\_ End date: \_\_\_\_\_

## **PROJECT DESCRIPTION:**

In 500 words or less please describe the PROJECT and the NEED for the program for which you are requesting funding. Also, please include a SUMMARY OF ITS IMPACT on the community and your TARGET AUDIENCE and how they will be SERVED. What is the AGE of the participants, WHERE is the program being offered, what is the GEOGRAPHIC RANGE of your organization? Please include your overall GOALS AND OBJECTIVES, and how you expect to ACCOMPLISH them. What do you consider UNIQUE about your program?

**CERTIFICATION:**

As a Florida nonprofit organization, you are required to register with the State as a charity. Please provide a copy of your **registration letter and your 501 c (3) Tax Exempt Documentation.**

In addition, please provide an **audited financial statement** from the most recently completed fiscal year, most recent **990** including schedule A, and a **list of the organization's Board of Directors and Officers.**

**I certify that this application is authorized by the organization's governing authority, and to the best of my knowledge, the statements contained in this application are true, correct and complete:**

**Top Organization Official:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FINAL REPORT TO:**

***Rotary Club of Orchid Island Charitable Foundation, Inc.***

***P.O. Box 4081***

***Vero Beach, Florida 32964-4081***

Organization name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

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

Project Duration: Start \_\_\_\_\_ End \_\_\_\_\_ Grant Amount Awarded: \_\_\_\_\_

In 500 words or less, please report on how many individuals were served; did you reach your target audience; what results were achieved through your program; was your program on track with your initial goals, what you would have done differently; did you consider your program to be a success? In addition, please provide a financial statement showing that the funds were spent solely for the purposes for which they were intended. (You may use the back of this page or attach if necessary to complete your narrative)

This certifies that the statements contained in this final report are true, correct and complete to the best of our knowledge

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(please print)

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