



Clayton Rotary Foundation, Inc.

Clayton Rotary Foundation is pleased to offer limited funding each year to support special projects of local charities or service organizations, preferably a 501(c)(3), that provide services to children, families and the community. These projects should focus on health, education, child safety and family welfare. If possible, Clayton Rotary Foundation prefers to give to projects that can be completely funded with its contribution or where the Clayton Rotary Foundation's contribution completes an already partially funded project.

Date: Received _____

Clayton Rotary Foundation requires organizations that receive grants to provide documentation on how the funds were used by December 31st each calendar year. Failure to submit documentation by the deadline may exclude the organization from future consideration.

Name*

--	--

First

Last

Email*

--

Phone

--

Organization Name

--

Organization's Mission: Please give a brief history of the organization, including the official mission statement or organizational statement.

--

Project/Program Description: Please describe the specific program/project for which grant funds are being requested. Is this an existing program or new program?

Funding Requested \$

Cost for Total Project \$

Sources of Other Funds for Total Project: These are funds received from other sources other than Clayton Rotary Foundation.

How does this proposal meet the objective of your mission? Please describe the need for the services to be provided. How were the needs determined?

Please describe the target population whom your organization’s project will serve and the geographic area covered. Please include an estimate of the number served.

List your three largest sources of income/funding for the organization’s previous fiscal year.

List any additional grants or contributions received. If none received, enter “None” or “N/A”.

If you received a grant for a different program or project from the Clayton Rotary Foundation during the organization’s previous fiscal year, please report on the use of grant funds. If none received, enter “None” or “N/A”.

Your Title

By submitting this form, I am indicating the following: I am a representative of the above organization and am authorized to submit this information on its behalf and all information is accurate and true. Please enter your name.