



ROTARY CLUB
 OF
 TRAVERSE CITY
 202 E. GRANDVIEW PARKWAY, SUITE 201
 TRAVERSE CITY, MICHIGAN 49684
 (231) 941-5421

Traverse City Rotary Club Good Works Fund Grant Application Cover Sheet

Date of Application: _____

Legal name of organization applying: _____

Year Founded: _____ Current Total Operating Budget: \$_____

Chairperson: _____ Phone Number: _____

Contact Person/title/phone number
 (if different from above): _____

Address (principal/administrative office): _____

City/State/Zip: _____

Fax Number: _____ E-mail Address _____

List any previous support from Traverse City Rotary Organizations in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project: _____

Total Project Cost: \$_____ Amount Requested: \$_____

Chairperson

Date

Typed Name and Title

Supporting Information

Statement of Need/Description of Problem: *(attach additional sheet if necessary)*: _____

What specific benefits do you expect will be received through this project? _____

How many people will be served in the time period of this project? _____

Geographic Area Served: _____

If more than Grand Traverse County, what percentage of your project's beneficiaries will be Grand Traverse County residents? _____%

Note: If you receive financial assistance from the Traverse City Rotary Club's Good Works Fund, you will be asked to submit a brief narrative report on the use/benefits of funds within 12 months of receipt.

Grant Budget

A. Time period this budget covers: _____

B. Expenses (No salaries are to be included.)

	Amount requested from Rotary Good Works Fund.	Total project expense.
Equipment		
Supplies		
Professional Fees/Outside Speakers		
Travel		
Printing/Copying/Postage/Delivery		
Telephone & Fax		
Student Attendance Fees/Scholarships		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other (specify)		
Total		

C. Revenue

Specify below the other sources and amounts that will contribute to the total project cost.	
Source	Amount