

**2018 ENDOWMENT FUND GRANT APPLICATION**

What is the name/title of your youth project? \_\_\_\_\_

Applicant name (individual or group) \_\_\_\_\_

How did you find out about this grant? \_\_\_\_\_

Contact name \_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact primary phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Alternate Contact Information (*during summer months - if different from above*)

Alt. Contact Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alt. Contact primary phone: \_\_\_\_\_ E-mail \_\_\_\_\_

How much support are you requesting in \$? \_\_\_\_\_ Approximately how many children will be served? \_\_\_\_\_

Will this program exist with only a partial grant or no grant? Y\_\_\_\_\_ N\_\_\_\_\_

Is this program/project dependent on additional funding beyond this grant for which you are applying? Y\_\_\_\_\_ N\_\_\_\_\_

Please attach the budget for the entire project noting how much of those additional funds are already secured.

Is this request for a new or existing program? New \_\_\_\_\_ Existing \_\_\_\_\_

Has this project received Endowment funds before? Y\_\_\_\_\_ N\_\_\_\_\_

Will this be an ongoing program? Y\_\_\_\_\_ N\_\_\_\_\_

Will this program require reoccurring grant funding? Y\_\_\_\_\_ N\_\_\_\_\_

Does this program have the potential to be self-supporting? Y\_\_\_\_\_ N\_\_\_\_\_

Without costing programming dollars, how can Westerville Sunrise Rotary expect to be recognized by your organization?  
\_\_\_\_\_

Description of this youth project and request. (*Use as much space as needed*)

Please share how you see this project/program helps to meet the needs of Westerville youth and/or supports service to or by youth. *(Use as much space as needed)*

Describe the key activities or steps you will do to complete this program/project and by when those will take place. *(Use more lines if necessary)*

Key activity

By Date


Please provide amount of money requested, details of estimated expenditures and a timetable for the expenditures. *(Insert more line items if needed)*

Expenditure Item	Cost Per Unit	Total Cost	Dates of Expenditures*
<b>Total Amount Request</b>		<b>\$</b>	

\*Grants must be fully expended within 8 months after money dispersed.

For questions or assistance about this application process, please contact Ruth Stenberg, Sunrise Rotary Foundation Grants Administrator at [ruthstenberg@gmail.com](mailto:ruthstenberg@gmail.com) or 614-832-6755.

Return this form by mail to the Sunrise Rotary Foundation Grants Administrator, 5987 Dunabbey Loop, Dublin, OH 43017 or email to [ruthstenberg@gmail.com](mailto:ruthstenberg@gmail.com) **no later than May 31, 2018.**