



REQUEST FOR FUNDING FROM PITTSFORD ROTARY

Date of Application: _____

Name of Organization Applying for Funding: _____

Address: _____

Telephone: _____

E-mail: _____

Web site: _____

Date of Incorporation: _____

Does the organization have 501 C3 Status Yes ___ No ___

Mission of Organization: _____

Name of officers and key contacts: _____

Name of Primary Contact for this funding proposal or project: _____

Contact Phone # _____ Contact Fax # _____

Contact E-mail address: _____

Size of Budget: _____

List Other Sources of Support for your organization: _____

Amount of Funding Request: _____

Purpose or Summary of Request (50 words or less): _____

Please list other sources of funds you will receive for this purpose: _____

Target market or community scope for this project (Please check all that apply)

Pittsford Community ___

Greater Rochester Community ___

Monroe County ___

New York State ___

US National ___

International ___

Target Demographic/Need: Infants ___ Children ___ Teenagers ___ Adults ___ Elders ___ Infirmed ___

Low Income ___ Handicapped ___ Alleviation of Hunger ___ Shelter ___ Homeless ___ Addiction ___

Infrastructure ___ Micro-loans ___ Cultural ___

How will you measure the success of your program? _____

Why did you approach the Pittsford Rotary? _____

Name of Pittsford Rotary Club Member or Contact: _____

Have you made a request of any Rotary organization in the past? _____

If yes was it approved? _____

If your proposal is funded, how will you promote Rotary's support? _____

Please accompany this request with:

- *A copy of your IRS non profit 501C3 status letter*
- *A copy of your last year end financial statement and a copy of this years budget*
- *Any literature that you believe will give the Pittsford Rotary Club a complete understanding of your organization and this specific project.*
- *Please make any comments below that you feel will give the Pittsford Rotary Club a better understanding of your organization and this specific project.*

This page for use by Pittsford Rotary Board only

Criteria to be utilized by Pittsford Rotary Board in assessing the merits of the funding proposal:

- Impact. Can we make a difference? _____

- Fit with the Mission of Rotary and the 4 Way Test: _____

- Does this proposal address a new or currently unfunded community sector?

- Does the requesting organization have a connection or advocate in the Pittsford Rotary?

- Does funding this organization/project allow Pittsford Rotary to balance its support locally versus globally? _____

- Does this proposal promote club visibility? _____
 - High
 - Medium
 - Low

Recommendation by Pittsford Rotary Board:

Amount of Funding \$ _____

One time funding only _____

One time funding; an additional request must be made each year _____

Multiple or Periodic funding; additional requests not needed _____

Other Specific actions by board: _____

