



The Rotary Club of Cedar Falls, Iowa

P. O. Box 301, Cedar Falls, IA 50613

www.CedarFallsRotary.org

Request for Funding Application Packet

Attached is the application packet as adopted by the Rotary Club of Cedar Falls Board of Directors. If you have any questions regarding the application, please contact

As with any process, it is vital that all applicants adhere to the rules and requirements. Therefore, a checklist has been established to guide you through the process. Another checklist at the conclusion will ensure compliance with the procedure.

___ **Do** use the forms as they are. You may use this hard copy form or request an electronic form by email to the Club's President through the Club's website – www.cedarfallsrotary.org. Do not attempt to duplicate forms with your own software or typewriter. Forms may be photocopied.

___ **Do** type the request information. Handwritten forms are not acceptable.

___ **Do** keep page numbers (located at the bottom of the page) **in order**.

___ **Do** attach a list of your organization's current Board of Directors (complete with addresses) as an appendix to the application packet.

___ **Do** sign and date this packet in the space given below.

___ **Do** return this checklist with your application packet.

___ **Do** provide a total of **4 copies of the application packet** (or electronically)

___ **Do** complete a separate application packet for each project.

I certify that I followed the guidelines as listed above and that the agency's Board of Directors has approved the application as presented. I also understand that if our agency changes the purpose of the project included in this application after the application has been selected for funding, that the Rotary Club of Cedar Falls Board reserves the right to deny the funding of the application.

Signed _____ Date _____

Organizational Affiliation _____

Agency Name _____

Project Title _____

AGENCY OVERVIEW

Agency: _____

Location Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Name of Executive Director: _____ Telephone: _____

Name of Person Completing Forms: _____ Telephone: _____

Fax: _____

Email: _____

Location of Satellite Branches

Number of Agency Staff Members	
Full-time	
Part-time	
Seasonal	
Total	

Length of time agency has been in existence. Years: _____ (and/or) Months: _____

Mission of your agency: (Use an additional page if necessary.)

Summarize your agency's primary goals for the upcoming year: (Use an additional page if necessary.)

PROJECT OVERVIEW

AGENCY: _____

PROJECT TITLE: _____

What is the primary goal of this project? (Use an additional page if necessary.)

ROTARY SERVICE TENDS TO FALL WITHIN ONE OF THE FOLLOWING SIX AREAS:

- I. Peace and conflict prevention/resolution
- II. Disease prevention and treatment
- III. Water quality and sanitation
- IV. Maternal and child health
- V. Basic education and literacy
- VI. Economic and community development

Describe how this project falls within one or more of the Rotary focus areas. (Use an additional page if necessary.)

Need, in terms of population served:

What is the total number of people served by your agency? _____

What is the total number of people served by this specific project? _____

If this project is locally focused:

What is the total number of Cedar Falls citizens served by your agency? _____

What is the total number of Cedar Falls citizens served by this specific project? _____

Compatibility with other local or regional plans:

Is the current project/service that you are applying for duplicated or partially duplicated within the Cedar Falls metro area? _____

If yes, please name the organization providing the duplicate service and briefly describe what is unique about your service and why duplication is necessary.

Need: Describe the financial need for this project.

Matching sources:

Please list by percentage the other types of funding, if any, that will be matched with Rotary Club of Cedar Falls Fund funding to complete your project or program.

Name of Matching Organization	Dollar Amount of Match	% Amount of Match
Rotary Club of Cedar Falls		
Total	\$	100%

Please list previous funding that your agency has received from Rotary Club of Cedar Falls or other Rotary Clubs (Amount/Year/Club):

Type of project/program:

Describe your project/program as one of the following:

- a) Capital Expenditure
- b) One-time program startup cost
- c) One-time operational cost
- d) Ongoing program and/or operational cost
- e) Other: _____

Fees for services:

Please describe below the fee structure that will be used by your organization for the project/program that you are applying for. Will the project or program charge a fee for the service to be utilized? Will the service be free, subsidized, charged on a break-even basis, or provide a profit center for your organization?

INDIVIDUAL PROJECT BUDGET
(Round to Whole Dollars)
(Page 1 of 2)

BUDGET LINE ITEMS	Project Budget
REVENUES (Excluding funds applied from Rotary Club of CF):	
1. Non-Governmental Revenues	
2. Governmental Revenues	
3. Miscellaneous Revenues	
4. Client Paid Fees	
TOTAL REVENUE (Sum 1+2+3+4 above)	

EXPENDITURES:	
A. Personnel Costs	
B. Materials and Supplies	
C. Contracted Services	
D. Capital Outlay	
E. Other	
TOTAL EXPENDITURES (Sum A+B+C+D+E above)	
SURPLUS/DEFICIT (Subtract Total Expenditures from Total Revenues)	
AMOUNT REQUESTED FROM THE ROTARY CLUB OF CEDAR FALLS	
TOTAL PROJECT SURPLUS/DEFICIT (Subtract amount from Rotary Club of Cedar Falls from Surplus/Deficit)	

**ROTARY CLUB OF CEDAR FALLS
Request for Funding
Application Packet**

FINAL CHECK LIST

- Have you completed all blanks and boxes?
- Have you completed an application packet for each project that you are requesting funding for?
- Has the box on page 7 titled *Amount requested from the Rotary Club of Cedar Falls* been completed and does that match the amount requested by your agency?
- Have you proofread the entire application?
- Have you proofread your numbers for accuracy?
- Have you kept a photocopy of your completed Rotary Club of Cedar Falls RFP application for your records?
- Have you provided a total of 4 copies of your application packet? (or submit electronically)

Mail completed application packets and all attachments/enclosures (including the beginning and final Checklists) to:

Rotary Club of Cedar Falls
PO Box 301
Cedar Falls, IA 50613

Please let us know how you were informed of the Rotary Club of Cedar Falls.

- THANK YOU FOR APPLYING AND FOR YOUR COMMITMENT TO SERVICE -