



## THE ROTARY CLUB OF MOUNT AIRY FUNDING REQUEST GUIDELINES

1. In order to request funding from the Mount Airy Rotary Club, please complete this application packet and return it by October 31 to:

Mount Airy Rotary Club  
Attn: Grants Committee  
PO Box 781  
Mount Airy, NC 27030

2. Applications will be accepted on a Rolling basis with reviews beginning in August after the start of the new Rotary year.
3. The Mount Airy Rotary Club will only consider requests from non-profit organizations.
4. Funding requests will considered based on the non-profit organizations perceived need and the Mount Airy Rotary Club's budget.
5. In addition to the application form/cover sheet, applicants should send a proposal (three or four pages or fewer) consisting of:
  - A cover letter on the organization's letterhead. If another organization is acting as the fiscal agent, then the request must be submitted by that organization on its letterhead.
  - A description of the sponsoring organization.
  - A program or project description if applicable.
  - A line item project budget and the specific amount being requested from the Mount Airy Rotary Club. If funds are for general operation please provide an organizational annual budget.

Additionally, please enclose the following information:

- A list of the board of directors.
- A list of leadership staff members.
- A copy of the petitioning organization's federal tax-exempt certification under Section 501(c)(3) of the Internal Revenue Code. If your IRS letter does not include your organization's employer identification number (EIN), please write it on the copy submitted.



## Rotary Club of Mount Airy Funding Request Cover Sheet

Please complete this form and use it as the cover page for your proposal. Please attach the following to your proposal: line item project budget, list of the Board of Directors and leadership staff, and federal tax-exempt certification 501(c) (3) letter.

**ORGANIZATION NAME:**

**IS THIS ORGANIZATION THE FISCAL SPONSOR/AGENT?**

**ORGANIZATION ADDRESS:**

**EMPLOYER IDENTIFICATION #**

**TAX STATUS:** 501 (C)(3)

**DATE OF PROPOSAL:**

**CONTACT NAME/TITLE:**

**TELEPHONE NUMBER:**

**EMAIL ADDRESS:**

**GRANT REQUEST AMOUNT:**

**BRIEF SUMMARY OF THE PROJECT (500 character limit):**

**Title of Request:**

**ORGANIZATION ANNUAL OPERATING BUDGET:**