



MOVING FORWARD...  
BY GIVING BACK.

VISALIA ROTARY  
*Community*  
FOUNDATION

GRANT  
APPLICATION

REQUESTED BY: \_\_\_\_\_  
NAME OF ORGANIZATION

PROJECT NAME: \_\_\_\_\_

VISALIA ROTARY COMMUNITY FOUNDATION  
1220 WEST CENTER, VISALIA, CA 93291



**GENERAL INFORMATION**

Name of Organization: \_\_\_\_\_

Street Address of Principal Office: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Primary Contact Person (Name and Title): \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Incorporated as Non-Profit:  Yes  No Date: \_\_\_\_\_

Has your Organization qualified as a Tax-Exempt Entity under State Law and Section 501 (c) (3) of the Internal Revenue Code?  Yes  No If yes, List TIN: \_\_\_\_\_

Has your Organization been determined not to be a Private Foundation as defined in Section 509 (a) of the Internal Revenue Code?  Yes  No

Geographic area you serve? \_\_\_\_\_

Number of persons served? \_\_\_\_\_

**GRANT REQUEST**

Total amount requested: \$ \_\_\_\_\_ Project Name: \_\_\_\_\_

To be used for:

Operating/Administrative .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Project .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Capital Campaign .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No If Yes, total capital campaign amount \$ _____

Brief description of proposed use of funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this request address?

<input type="checkbox"/> Programs for the Disadvantaged	<input type="checkbox"/> Artistic, Cultural & Historical Heritage Programs
<input type="checkbox"/> Special Concerns of the Elderly	<input type="checkbox"/> Science, Health & Environmental Programs
<input type="checkbox"/> Youth Development	<input type="checkbox"/> Disaster Relief
<input type="checkbox"/> Adult Advancement	<input type="checkbox"/> Visalia and/or Surrounding Community

How many persons do you estimate will benefit from this grant? \_\_\_\_\_

What will be the expected duration of effect from the grant? \_\_\_\_\_

What are your proposed start and completion dates for use of this grant? \_\_\_\_\_

Without the VRCF Grant, does your project go forward anyway?  Yes  No

Are there alternative sources of funds for the project?  Yes  No

If the VRCF grant is one-time only, how will you sustain yourself in the future? \_\_\_\_\_

\_\_\_\_\_

What are the criteria by which you will measure the success of the endeavor? \_\_\_\_\_

\_\_\_\_\_

When will you know the results of your endeavor?

How will you report your results to VRCF?

What percentage of the project will be devoted to overhead?

### MISSION, OBJECTIVES AND GOALS

On separate sheet(s) describe the purpose of the organization (objectives, past accomplishments, future goals, long range plan, etc.)

On separate sheet(s) identify problem or need your organization seeks to address with expectations of: Evaluation methods, estimated time involved, impact on individuals and/or community, existence of similar programs, etc.

### BOARD OF DIRECTORS AND MANAGEMENT

Contact Person (Name and Title):

Telephone:

Date of assuming present office:

Last prior affiliation:

Board of Directors	Name	Years on Board	Occupation
Chair			
Vice-Chair			
Treasurer			
Secretary			

Number of Executive Committee Meetings each year:

Number of Board of Directors' Meetings each year:

How, and to what extent, do the Directors participate in the programs of the organization?

How many compensated staff members do you have?

Do you utilize volunteers?  Yes  No If Yes, how many? Full-time: Part-time:

What percentage of total service delivery (man hours, staff support) do they provide?

Are outside fund raisers employed?  Yes  No If Yes, on what basis are they paid?

Are accounts audited by:  A certified public accountant  An auditing committee of the Board  Other

(Specify)

### CERTIFICATION

I certify that the aforementioned and enclosed information is complete and accurate. (To be signed by the Chair of the Board, or other Board Member).

Signature:

Title:

Date:



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## STATEMENT OF PURPOSE SYNOPSIS

The purpose of the Visalia Rotary Community Foundation is the enhancement of Visalia and the surrounding community.

Through the generosity of Visalia Rotary Club members, their families, and other philanthropic individuals and organizations an endowment fund has been created. It is the earnings from this fund that are periodically distributed for the betterment of our community and its people.

The Foundation has an underlying belief that its investments in the community and its people should be in the form of assistance that encourages personal or organizational development. Specific areas are identified:

- The assistance of youth in their development
- Programs which encourage the disadvantage to become contributing or self-sufficient citizens
- Programs that assist in the development of individual adults who have shown they are capable of helping themselves
- Community science, health and environmental programs
- Cultural, artistic, and historical programs which enrich our community
- Disaster relief

To further the goals enumerated, the Foundation does not intend support of other endowments, government entities, individuals (except scholarships), or organizations which can be inherently self-supporting through their commercial activities. The Foundation will not become aligned with any political or religious organization except in the support of nonpartisan or nondenominational programs that exist for the betterment of the community.





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# ADDENDUM

PLEASE SUBMIT A COPY OF YOUR IRS  
501 (C)(3) STATUS LETTER ALONG WITH

YOUR COMPLETED APPLICATION.  
SEND COMPLETED GRANT APPLICATION TO:  
STEVE CHRISMAN CLO BUCKMAN-MITCHELL  
P. O. BOX 629 VISALIA, CA 93279

