



Chisago Lakes Rotary Club

"Service above Self"

Funding Request Application Form

The Community Service Committee of the Chisago Lakes Rotary Club evaluates all requests for financial support and makes formal recommendations to the Board for authorization to distribute funds. Local funds are used to improve the quality of life in the Chisago Lakes area and for projects/needs that coincide with the overall goals and objectives of Rotary International and the Chisago Lakes Area Rotary Club.

The committee does not as a general rule favor grants to:

- a. religious organizations for religious reasons
- b. major capital fund drives or endowment funds
- c. any political or lobbying activity
- d. athletic or social organizations (individual funding is possible)
- e. basic or applied research
- f. special events, tickets and fundraising benefits

Notification of approval or denial of grant requests will come from a member of the Community Service Committee or a board member of the Chisago Lakes Rotary Club. Sometimes clarification may be necessary to evaluate of request and that will also be communicated to the requesting person or organization.

If funds are granted, a representative of your organization will be required to attend a Rotary luncheon meeting (held every Tuesday) to acknowledge acceptance of the funds and give a brief description of their use.

Please complete this application using additional pages when necessary to fully answer the questions and mail with requested supplementary documentation to Chisago Lakes Rotary Club, PO Box 954, Lindstrom, MN 55045. Questions may be directed by email to _____ at _____.

Organization Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Submitted by: _____
 Title: _____
 Phone number: _____
 Email: _____

8. Are there items other than money that your organization might require? (Rotary is interested in projects that would benefit from Rotarian participation and may have “in-kind” donation opportunities.)

9. Please include a project budget and your plan for evaluation of the completed project.

10. Does this request have a special time requirement? Yes No

10. Please provide any additional information you would want us to have in considering your request.

OFFICE USE: ____ Approved ____ Denied DATE: _____
AMOUNT: \$ _____
COMMENTS:

NOTIFICATION DATE: _____
Rotarian: _____