ROTARY CLUB OF PORTLAND

**PORTLAND ROTARY CHARITABLE TRUST**

## **Grant Application**

The Portland Rotary Charitable Trust (The Rotary) provides grants for capital expenditures at 501(c)(3) organizations in the Portland Metro area that support underserved youth with significant disparities in their access to opportunities and resources. Grants generally range from $2,000-$8,000.

The Rotary grants to organizations that support inclusiveness and do not discriminate on the basis of race, ethnicity, color, religion, gender, gender identity or expression, sexual orientation, disabilities, age, status as a veteran, national origin or any other protected class.

The Rotary does not support:

1. Non-capital expenditures (for example: program support, personnel costs).
2. Individuals.
3. Religious purposes (for example, groups requiring participation in religious activities as a condition for receiving services).
4. Operational expenses, salaries, scholarships, travel, etc.
5. Office equipment (computers, phones, desks, projectors, etc.) to be used primarily by the staff of the recipient organization.
6. Support for major building projects or capital campaigns.
7. Start-up expenses.
8. Reimbursement of funds already expended.
9. Organizations that have received a grant from the Rotary during the past two fiscal years ending June 30.

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| --- | --- | --- | --- |
| **Name of Organization:** |  | | |
| **Brief description of capital item requested:** |  | | |
| **Address:** |  | | |
| **Date of Application:** |  | **Website:** |  |
| **Contact Person:** |  | **Title:** |  |
| **Phone:** |  | **Email:** |  |
| **Amount Requested:** | **$** | **Project Budget:** |  |
| **# of Paid Staff:** |  | **# of Volunteers:** |  |
| **Mission of 501(c)(3):** |  | | |
| **Year Founded:** |  | | |

1. Please provide a brief description of the specific capital item(s) requested. Include photo(s), if available.
2. Describe how the capital request will be used by the youth being served.
3. Highlight two to three key facts and/or accomplishments that best define your organization.
4. Are there qualifications to use your service (income, referred by other agency, etc.)? If so, describe them.
5. Describe the population that will be served if this request is approved.

## Ages.

## Total number served.

## Number of youth served (Indicate if this is verifiable or an estimate).

## Geographic area.

# **Facilities and Locations:**

## Who owns the facilities where this item(s) will be located?

## If leased, what is the term and when does the term expire?

## If the organization moves, what will happen to the item(s) in this request?

1. Has your organization ever received a grant from the Portland Rotary Charitable Trust or the Portland Rotary Foundation? If yes, please give details, including its impact on your organization.
2. If a grant is awarded, how will Rotary be recognized (i.e., webpage, newsletter, sticker, plaque, etc.)?
3. List other grant sources being solicited.

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| --- | --- | --- |
| **Source** | **Amount** | **Received (Y/N)** |
|  |  |  |
|  |  |  |

1. Please attach the following documents:

## Officers and Board Member and/or Annual Report

## Current Year Agency Budget – include expenses and revenue

## Agency's Current Financial Statement (if available) including Balance Sheet.

## IRS Tax Exemption Notification.

|  |  |  |
| --- | --- | --- |
| Sign |  | Date |

**If you have any questions, please contact**

**the Portland Rotary Charitable Trust at 503-228-1542**

**Return completed application and required documents to:**

**Rotary Club of Portland, PO Box 28106, Portland OR 97228**

**-OR- email to: info@rotarypdx.org**