

## Madison Rotary Foundation Charitable Contributions Fund Guidelines

Each year, Madison Rotary Foundation supports selected projects and programs in the Madison community through distribution of funds raised during a range of Foundation activities throughout the year. These projects and programs are identified and allocation of funds is voted on by our membership.

If your organization is interested in being considered for a contribution from Madison Rotary Foundation, please complete the attached application form, provide any additional information on your organization that might be helpful to our Foundation membership and return it to:

Madison Rotary Foundation, Box 335 Madison, CT 06443.

### APPLICATION

#### MADISON ROTARY FOUNDATION CHARITABLE CONTRIBUTIONS FUND

Please review the attached guidelines before submitting. Please provide answers directly on this form or request a copy via Email. Submit one original and three copies of the application and the attachments.

#### I. RECIPIENT INFORMATION:

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person: \_\_\_\_\_

Director: \_\_\_\_\_

#### II. PROGRAM OR PROJECT DETAILS

1. Name of program: \_\_\_\_\_

2. Amount of funding requested: \_\_\_\_\_

3. Total Project Cost: \$ \_\_\_\_\_

4 Project Date (Start to Finish) Start \_\_\_\_\_200\_ Finish \_\_\_\_\_200\_

5. Is the amount requested needed in total at the start of the project or can it be allocated over the life of the project?

What would the time line of your monetary needs be?

III. PROPOSAL SUMMARY: Answer questions 1-6 and sign the Project Approval Form.

Provide a brief description of the project or program to be funded.

How will the program benefit members of the Madison community? Estimate how many people will be served by the program/project.

3. What is the overall time line for this project?

4. What are the other funding sources for this project/program? Have they been secured? Are there other partners in this project?

5. If possible, indicate the specific purpose within the project for which the Charitable Contributions Fund award will be used. Do you have any thoughts on how Madison Rotary Foundation might be recognized for its contribution within the parameters of the project?

6. What are the objective criteria we may use to assess the achievement of the purpose for which the funds are being solicited

SIGNATURES:

Signature of Executive Director or President and Project/Program Manager

\_\_\_\_\_  
Executive Director (Sign)

\_\_\_\_\_  
Project /Program Manager (Sign)

\_\_\_\_\_  
Executive Director (Print)

\_\_\_\_\_  
Project /Program Manager (Print)

Date \_\_\_\_\_

Date \_\_\_\_\_