

**Traverse City Rotary Club
Good Works Fund**

This application packet includes:

- **Guidelines and procedures for funding**
- **Application schedule**
- **Application form**

**If you need further information,
please contact the Good Works Committee chairperson by e-mail.
Elaine Wood
ewood@nwm.cog.mi.us**

Rotary Club of Traverse City - Good Works Fund

Mission:

The mission of the Good Works Fund is to support projects that address unmet needs in established priority areas within the Rotary Club of Traverse City's service area (primarily Grand Traverse County).

Priority areas for funding:

- **Arts and culture**
- **Basic human needs**
- **Environment**
- **Families**
- **Health and safety**
- **Recreation**
- **Seniors**
- **Youth**

Funding is potentially available for:

- **Capital expenditures**
- **Equipment**
- **One-time special opportunities/events**
- **Participation fees**
- **Sponsorships**
- **Start-ups and new projects**

Funding is generally not recommended for:

- **Endowments**
- **Individuals**
- **Multiple years**
- **On-going operating expenses**
- **Religious activities or programs**
- **Salaries**

Guidelines for applicants:

- **Applicants are encouraged to have alternative or additional funding sources in place prior to applying.**
- **Grants do not fund 100% of the project cost.**
- **Grants will not exceed \$5,000.**

- The broader the impact of the project in our service area, the more favorable review it will receive.
- Grants are generally not given for the same project more than once, especially two years in a row.

Procedures for applicants:

- Applicants can contact the T.C. Rotary office or go on-line to www.traversecityrotary.org to obtain a Good Works application.
- Applicants should review the Good Works priorities, guidelines and procedures.
- Applicants should review the Good Works Committee meeting schedule (attached). Any application received after the submission deadline for a particular committee meeting date will be held over until the following committee meeting date.
- Complete the application form and submit it to the T.C. Rotary office.
- Complete all parts of the application form; do not leave anything blank.
- Attachments to the application are not necessary, but if included they should not exceed 2 pages.

After your application has been submitted:

- Two weeks prior to each committee meeting, the chairperson will assign each application to a committee member for further investigation. You will receive a call from a committee member to ask questions about your proposal.
- Your application may be accepted, denied, or tabled for more information. The amount granted may be less than the amount requested.
- The Good Works Committee makes its recommendations to the Rotary Club Board of Directors, and the board makes the final decisions.
- You will be notified by letter of the status of your application following the Board's action.

Follow up:

- The Good Works Committee may issue information to the media about its grant awards.
- A grant recipient may be required to present a report on the progress and outcomes of their project to the Rotary Club membership.

Adopted during 2002-03 funding cycle.
May be revised at any time by committee action.
Last updated: April 2007

Rotary Club – Good Works Committee

2007-08 schedule, for the year beginning July 1, 2007

Grant Application Due Date	Committee Meeting Date	Recommendation to Rotary Board
August 20, 2007	September 17, 2007	September 24, 2007
October 22, 2007	November 19, 2007	November 26, 2007
January 21, 2008	February 18, 2008	February 25, 2008
April 14, 2008	May 12, 2008	May 19, 2008



ROTARY CLUB
OF
TRAVERSE CITY
250 EAST FRONT STREET, SUITE 320
TRAVERSE CITY, MICHIGAN 49684
(231) 941-5421

Traverse City Rotary Club Good Works Fund

**Grant Application
Cover Sheet**

Date of Application: _____

Legal name of organization applying: _____

Year Founded: _____ Current Total Operating Budget: \$ _____

Chairperson: _____ Phone Number: _____

Contact Person/title/phone number
(if different from above): _____

Address (principal/administrative office): _____

City/State/Zip: _____

Fax Number: _____ E-mail Address _____

List any previous support from Traverse City Rotary Organizations in the last 5 years: _____

Project Name: _____

Purpose of Grant (one sentence): _____

Dates of the Project: _____

Total Project Cost: \$ _____ Amount Requested: \$ _____

Chairperson

Date

Typed Name and Title

Supporting Information

Statement of Need/Description of Problem: *(attach additional sheet if necessary)*: _____

What specific benefits do you expect will be received through this project? _____

How many people will be served in the time period of this project? _____

Geographic Area Served: _____

If more than Grand Traverse County, what percentage of your project's beneficiaries will be Grand Traverse County residents? _____%

Note: If you receive financial assistance from the Traverse City Rotary Club's Good Works Fund, you will be asked to submit a brief narrative report on the use/benefits of funds within 12 months of receipt.

Grant Budget

A. Time period this budget covers: _____

B. Expenses (No salaries are to be included.)

	Amount requested from Rotary Good Works Fund.	Total project expense.
Equipment		
Supplies		
Professional Fees/Outside Speakers		
Travel		
Printing/Copying/Postage/Delivery		
Telephone & Fax		
Student Attendance Fees/Scholarships		
Rent		
Utilities		
Maintenance		
Evaluation		
Marketing		
Other (specify)		
Total		

C. Revenue

Specify below the other sources and amounts that will contribute to the total project cost.	
Source	Amount