



VISALIA ROTARY *Community* FOUNDATION

Grant Application

Applications accepted between March 1 and May 15 of each year.

The Foundation supports grantees within the City of Visalia and entities that have an impact on the City of Visalia.

Requesting Organization: _____

Organization Address: _____ City: _____

State: _____ Zip: _____ Telephone: _____

Primary Contact Person: (Name and Title): _____

Telephone: _____ Cell: _____ Email: _____

Incorporated as a 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: _____

Geographic area you serve? _____

Number of persons served? _____

GRANT REQUEST

- Total amount requested: \$ _____
- Brief description of proposed use of funds: _____

• These funds will be used to address:

- ___ Programs for the Disadvantaged
- ___ Special Concerns of the Elderly
- ___ Youth Development
- ___ Adult Advancement

- ___ Artistic, Cultural & Historical Heritage Programs
- ___ Science, Health & Environmental Programs
- ___ Disaster Relief
- ___ Visalia and/or Surrounding Commun

- 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
- How and when will you report your results to the VRCF? _____
- If needed, on a separate sheet share with us other information you deem important to help us evaluate your application.

BOARD OF DIRECTORS AND MANAGEMENT

Contact Person (Name and Title): _____ Telephone: _____

Board of Directors	Name
Chair	
Vice-Chair	
Treasurer	
Secretary	

- Number of Executive Committee Meetings each year:
- Number of Board meetings each year:
- Do you utilize volunteers? ___Yes ___No
If Yes, how many? Full-time: _____ Part-time: _____
- Are outside fund raiser employed? ___Yes ___No
- 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:

Please submit a copy of your IRS 501 (c) (3) Status letter along with your completed application.

Send completed grant application to Visalia Rotary Community Foundation at:

Info@visaliarcfoundation.org AND to Donn.ritter@gmail.com OR

Mail to: Visalia Rotary Community Fondation
11878 Ave 328
Visalia, 93291