



## The Rotary Club of Clearwater

P.O. Box 822 • Clearwater, Florida 33757

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727.537.6570

February 1, 2020

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*Vice President*

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**DEWEY WILLIAMS**  
*Executive Vice President*

Thank you for requesting a Rotary Club of Clearwater Charity Grant application. For the past 95 years The Rotary Club of Clearwater has been devoted to supporting local charities and improving the quality of life in our community.

Thanks to the generosity of our Rotarian members and others in the community, our club is proud to maintain a charity endowment with a principle of over \$1.2 million. The earnings from this endowment, supplemented by our fundraising efforts and member's annual contributions, are largely what funds our charity grants.

At this time, we invite your organization to apply for our charity grants to be funded from our endowment earnings and other fundraisers. We will be judging your grant application based on the following criteria:

1. Is a defined community need addressed?
2. Is the funding request for a capital project, equipment or program?
3. Can the Rotary Club of Clearwater have a significant impact on solving this need?
4. If awarded, how will you give recognition to the Rotary Club of Clearwater?
5. Have you previously been funded by the Rotary Club of Clearwater? (Funding is limited to three (3) consecutive years to any one recipient agency).

*The Rotary Club of Clearwater does not provide funds for salaries or operating expenses. We fund programs that meet specific community needs, equipment and capital campaigns. Grant funds may not be used to supplant normal operating budgets.*

This application is due by **Wednesday, April 15, 2020**. The Charities Selection Committee will review all grant applications during April and May 2020 and grant awards are expected to be made subsequent to that review during a weekly meeting of the Rotary Club of Clearwater (date TBA).

We look forward to receiving your completed application.

Please submit complete applications to:

Scan and Email (PREFERRED): Dewey Williams [rotaryclearwater@gmail.com](mailto:rotaryclearwater@gmail.com).

Or mail to: *The Rotary Club of Clearwater, ATTN: Charity Selection 2020, P.O. Box 822, Clearwater FL 33757*

Please feel free to contact us you have any additional questions.

Sincerely,  
The Rotary Club of Clearwater

*Cliff*

Cliff Wyatt

President-elect and Chairman of the Charities Selection Committee

# CHARITY GRANT APPLICATION

APPLICATION DEADLINE: **WEDNESDAY, APRIL 15, 2020**

TO: The Rotary Club of Clearwater Charities Committee      DATE: February 1, 2020

Please consider support of (please indicate the legal name of the organization):

ADDRESS:

\_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

CONTACT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT EMAIL: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EST. TOTAL COST OF PROJECT: \$ \_\_\_\_\_ REQUESTED AMOUNT: \$ \_\_\_\_\_

PROPOSED START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

With this application, you must enclose (check each that are enclosed):

a)  Financial Statement

c)  Additional support materials deemed appropriate

b)  Copy of IRS 501(c)(3) Determination      d)  IRS Employer Identification Number (EIN) \_\_\_\_\_

Number of individuals impacted by the funded program, excluding employees or volunteers of your organization:

\_\_\_\_\_.

Community problem or need addressed by this program: \_\_\_\_\_

What exactly are you going to spend the money on?

NEED

FUNDING SOURCE (\*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Those resources ("NEEDS") which will be purchased or otherwise obtained with this grant should be designated "Rotary Club" under Funding Source. All other resources necessary for the implementation of this project should be clearly specified with sources (i.e., other grants, current staff, corporate support) noted.

CERTIFICATION: We hereby certify that the information contained in this application, including all attachments and supporting materials, is true and correct to the best of our knowledge. (Individual signing below must be authorized by the organization to so certify on its behalf):

NAME (*Typed*): \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

IF APPLICABLE, RECOMMENDED BY ROTARIAN (NAME): \_\_\_\_\_

**Reminder: The Rotary Club of Clearwater does not provide grant funds for salaries or operating expenses.**