

**Rotary Club of Emerald City**

Dedicated to the future of our community by serving the educational needs of young people

**LETTER OF INTEREST**

Information for Grant seekers

The following checklist outlines the sequence of steps to complete an application:

* Letter of Interest must be accompanied by a cover letter (no more than one page) in which you state your request and proposed use of funds. This letter should be signed by your executive director **and** your board president.
* Fill out the LOI form completely.
* Pay particular attention to questions 4 and 5 on page three. For question 4, we are interested in outcome measurements, as opposed to number of target population served. For question 5, respond with the connection between your program and our Rotary mission.
* Submit your cover letter and completed LOI form to: ecrgrants@gmail.com, no later than November 10, 2017

**LETTER OF INTEREST**

**APPLICATION MADE TO: Rotary Club of Emerald City**

 **DATE:**

**(NAME OF FUNDING SOURCE)**

 **APPLICANT ORGANIZATION**

**NAME:**  **Year organization incorporated:**

**ADDRESS:** (included street address if different) **Is the name at left the same as**

 **it appears on the IRS Letter of**

 **Determination? Yes** **[ ]  No** **[ ]**

  **If not, explain:**

**CHIEF EXECUTIVE’S NAME & TITLE: CONTACT’S NAME & TITLE** (if different**):**

**TELEPHONE NUMBER: FAX NUMBER:**

**ORGANIZATIONAL DEMOGRAPHICS:**

 **Number of full time staff:**

 **Number of part time staff:**

 **Number of volunteers:**

**GEOGRAPHIC AREA:**

**OPERATING BUDGET TOTAL FOR CURRENT FISCAL YEAR:**

**Fiscal Year:**

 **From To**

**SOURCES OF INCOME:**

**Government Federal**       **% Fees/Earned Income %**

 **State**       **% Individual Contributions %**

 **County**       **% United Way %**

 **City % Workplace Campaigns %**

 **(not United Way)**

 **Corporate and/or Foundation Grants %**

 **Special Events**       **%**

 **Memberships**  **%**

 **Other**       **%**

 **PROPOSAL**

**AMOUNT OF THIS REQUEST: $ FUNDS NEEDED BY:**

**TIME FRAME IN WHICH FUNDS WILL BE USED:**

 **From To**

**Check one of the following:**

 **GENERAL OPERATING SUPPORT [ ]  PROJECT SUPPORT** **[ ]**

**If for project support, complete the following:**

 **PROJECT NAME:**

 **TOTAL PROJECT COST: $**       **PERCENT THIS REQUEST OF PROJECT TOTAL:**       **%**

 **PROJECT COST PER CLIENT (if applicable): $**

 **PROJECT TYPE:**

 [ ]  **Capital:**

 [ ]  **Construction**

 [ ]  **Renovation**

 [ ]  **Equipment**

 [ ]  **Endowment**

 [ ]  **Specific Program**

 [ ]  **Other (describe)**

1. **WHO WILL PROJECT SERVE:**

**2. HOW MANY WILL PROJECT SERVE:**

1. **WHAT GEOGRAPHIC AREA WILL PROJECT SERVE:**
2. **HOW WILL YOU MEASURE SUCCESS:**
3. **HOW WILL PROJECT SUPPORT EMERALD CITY ROTARY MISSION OF:**