

## AMHERST ROTARY COMMUNITY GRANT

### 2010 APPLICATION INSTRUCTIONS

- The complete application with attachments must be received by the Rotary Club of Amherst (“RCA”) as soon as possible and no later than Feb. 28, 2010. Applicants are encouraged to apply well in advance of the deadline, to permit more thorough consideration of their candidacy, and allow sufficient time to submit additional materials before the February 28 deadline if their applications are incomplete.
- It is strongly recommended that all application materials be submitted in electronic form using application materials posted on RCA’s website ([www.AmherstRotaryClub.org](http://www.AmherstRotaryClub.org)). If possible, please scan and submit electronically any essential additional materials. If for any reason electronic submission is not possible, one hard copy of all required application materials must be mailed to the Rotary Club of Amherst, P. O. Box 542, Amherst, MA 01004. Attn: Community Grants. Please note that application materials submitted cannot be returned.
- Please do not exceed response length limits and do not expand answers onto additional attachments. Please do not put applications in binders or folders. Do not include non-essential additional materials.
- If there are any questions, please send an email detailing them to [grantinfo@amherstrotaryclub.org](mailto:grantinfo@amherstrotaryclub.org). If you would like to ask questions by phone, please include your contact information in your email and several times and dates when you can be reached.

#### **A COMPLETE APPLICATION includes the following:**

- \_\_\_\_\_ “Cover Sheet and Agreement”, “Application Narrative” and Budget.  
All information must be complete to be accepted.  
Please note, information in the application cover sheet/summary may be used by RCA to represent successful applicant in print, media and any other public presentation.  
The organization name on the IRS 501 (c)(3) Determination Letter must exactly match the name of the organization as submitted on the Application Cover Page.  
The Application Cover Page must contain an original signature of one of your organization's authorized signers. If the Application is submitted electronically (as strongly preferred), a hard copy of the Cover Page with the original signature must be mailed to Rotary Club of Amherst, P. O. Box 542, Amherst, MA 01004. Attn: Community Grants.
- \_\_\_\_\_ Application Narrative to be completed using the form provided on pages 4-7 of this document, with your responses inserted after the respective questions on the form (which should be retained). Including the form’s questions and your responses, but excluding required exhibits, Application Narrative’s length may not exceed 9 pages)

**REQUIRED ATTACHMENTS:**

- \_\_\_\_\_ Current IRS 501(c)(3) Determination Letter for any Partner Agency applicant or fiscal conduit.
  
- \_\_\_\_\_ If Applicant is not a 501 c 3, a written statement from Applicant or the 501 c 3 organization serving as its Fiscal Conduit, advising that such Fiscal Conduit either has approved this Application (and the Project which this grant would fund) or will have done so by April 1, 2010, and specifying any conditions to such approval.
  
- | \_\_\_\_\_ Latest Annual Form 990 Filing [for Applicant and any Fiscal Conduit](#)
  
- \_\_\_\_\_ List of Current Board of Directors  
Include town of residence, years of service and current term.
  
- \_\_\_\_\_ Current, board-approved budgets (See page 8.)  
Complete agency budget (if applicable) (Required for all applications.)  
Complete program budget (Required if requesting program funding.)  
Income Source/Status List (See attached sample form.)  
If you use your own budget forms, they must include the information requested on RCA forms.
  
- \_\_\_\_\_ Most recent externally prepared financial statement (audited, reviewed, or compiled)
  
- \_\_\_\_\_ List of Key Leadership Staff ( i.e., CEO, Finance, Program, Development)  
List of Program Staff (Required if requesting program funding.)  
Include staff title and job description/function summary. If you do not have dedicated development/fundraising staff, please indicate staff responsible for fundraising and approximate percentage of their time devoted to fundraising.
  
- \_\_\_\_\_ Very Short “Bios” (e.g., two sentence may suffice) on each Board member, Key Leadership Staff member, and any other Program Staff.
  
- \_\_\_\_\_ All other exhibits and attachments requested in the application documents.

**COVER SHEET AND AGREEMENT**

**Applicant's Legal Organization Name**

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Mailing  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Address where organization has physical presence or delivers funded services in  
Hampshire County, if different from above:

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Website:  
\_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

501 c(3) \_\_\_yes \_\_\_no\* EIN # \_\_\_\_\_

Incorporation Year \_\_\_\_\_

\*If no, provide Legal Name and Address of Fiscal Conduit:

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

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

AGREEMENT: On behalf of and with the authorization of Applicant, I agree to all of the  
terms of this application, and affirm that to the best of my knowledge after due inquiry, all  
information submitted herein and herewith is true and complete.

Authorized Signer:  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Application Contact, if different than Authorized Signer:

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## APPLICATION NARRATIVE

### PROPOSAL SUMMARY

Type of Request: Operating \_\_\_ Program \_\_\_ Capital Project \_\_\_

Program Area: Children & Youth \_\_\_ Health & Safety \_\_\_  
Economic Security \_\_\_ Other (Specify) \_\_\_\_\_

Proposed Program/Project Name:  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_

Organization's Annual Operating Expense Budget \$ \_\_\_\_\_.

-If Community Grant funding is requested for an operating program (as opposed to a capital expenditure) please specify that program's total budget including Community Grant funds. Total Program Budget \$ \_\_\_\_\_

Administrative/fundraising percentage as reported on most recent Form 990: \_\_\_\_\_ Year of filing: \_\_\_\_\_

List other organizations (United Way, etc.) of which organization is a member, or from which funding has been received.  
\_\_\_\_\_  
\_\_\_\_\_

### 1.) APPLICANT INFORMATION

Mission Statement For Applicant Organization (50 words or less)

Summary of Applicant Services or Projects (75 words or less)

Staff: Organization's Total # FTE's; \_\_\_\_\_ Program's # \_\_\_\_\_ FTE's  
Volunteers: Organization's Total Volunteer # FTE's \_\_\_\_\_; Program's Volunteer # FTE's \_\_\_\_\_

Number of individuals currently served by organization and/or program for each town in the Rotary Club of Amherst's Catchment Area ("CA", defined as the Towns of Amherst, Belchertown, Hadley, Leverett, Shutesbury, and Pelham). Include for each town the age groups, race/ethnicity, income levels, etc., of individuals currently served.

Total number of individuals (if higher) whom organization and/or program would serve in the CA if the Community Grant were provided, specifying for each town the age groups, race/ethnicity, income levels, etc. of individuals served.

## 2.) NEEDS IDENTIFICATION

What current need does the Applicant seek to address in the CA? (Please cite any source of documented need).

What approach does the Applicant take to address this need and improve the lives of individuals in the CA?

What unique contributions (or specific service or projects) does your organization provide in your chosen Program Area?

## 3.) USES OF FUNDS

Describe your intended objectives and goals for use of Amherst Rotary Community Grant Funds. To include:

- both quantitative and qualitative goals or benchmarks
- specific program and operational activities
- staff and volunteer structure

How does the Applicant measure success in accomplishing the stated goals/mission? Describe the measurement protocols you will use to collect information on clients, services provided, outcomes, client satisfaction, project impact, etc.

Tell us how you are uniquely positioned and prepared to achieve your stated objectives. Describe any adjustments or innovation in service; consolidation in management or programming.

## 4. SUSTAINABILITY

The mission of the Amherst Rotary Community Grant is to fund a single, major local project each year that provides an important and sustainable improvement to the quality of life in our area, which continues long after grant funds have been spent. In 100 words or less, please comment specifically on the “sustainability” of the project that would be funded by this grant, stating the extent and duration of the project’s community benefits.

## 5.) COLLABORATION

For the coming year describe any ongoing or new collaborations with other organizations in the CA that you will undertake to help achieve your goals, and, if applicable, any other organizations that may contribute to funding of the project or program to be funded by this grant. In addition, if receipt of this grant will qualify you for matching funds from any other organization, or will otherwise generate contributions from organizations or individuals, please describe. Do these efforts eliminate or avoid duplication of effort within your chosen Program Area?

## 6) Detail of Grant Funds Expenditures.

Assuming that grant funds will be available for expenditure beginning on May 31, 2010, please provide an exhibit detailing monthly planned expenditures of grant funds, specifying the amount and composition of expenditures, for each month from the first until the final month of expenditures.

## 7) Financial Reporting

Additional Terms and Conditions of this grant may be set forth in a document to be executed by the successful applicant and RCA prior to funding of the grant. Such Terms and conditions may require (among other things) at RCA's sole option) that: (1) the grant recipient ("Grantee") provide, within thirty days of the end of each calendar year quarter, financial reports detailing the expenditure of grant funds during such quarter, with copies of receipts for all grant expenditures; and (2) review or audit of such expense reports by Grantee's auditor. Please advise whether such reporting would be acceptable to your organization and your external auditor (if any).

## 8) Representations and Misc. Agreements,

The Applicant hereby represents and warrants that all information submitted in this application is true and complete. Applicant further represents that, to the best of its knowledge and belief, except as disclosed herein, no Board member or senior executive of Applicant, or party related to such Board member or senior executive, has a fiduciary or financial interest in any third party organization that will provide products or services to the Applicant which are funded by this grant. (NOTE: Any and all exceptions must be explained in an attachment).

Further, as a condition of filing this application, Applicant: (1) acknowledges that selection of the Grantee will be competitive, and that the Grantee shall be determined solely by RCA, which shall be solely responsible for determining the criteria upon which any award is based, and shall reserve the right to elect not to make any grant award at its sole option; and (2) releases RCA, Rotary International, the Rotary Foundation, and

their respective members, directors, trustees and affiliates, from any and all costs, liabilities, or damages incurred by Applicant in connection with application for this grant and RCA's decision to award or to not award the grant to Applicant or any other organization. If Applicant becomes Grantee, Applicant will (1) cooperate fully with RCA in media coverage of the project funded by this grant and make best efforts to seek RCA participation in any media coverage in advance of such coverage; (2) provide RCA with a photographic record of the project funded by the grant; (3) provide quarterly financial reporting of expenditures of grant funds as reasonably specified by RCA, until all such funds have been spent; (4) manage all monies in a fiscally responsible manner, using accepted accounting procedures; and (5) return to RCA any grant funds which have not been spent within 180 days of the date by which funds are planned to be spent according to Section 6 hereof, unless this requirement is waived in writing by the President of RCA, or another person authorized to do so by RCA's Board of Directors.

**AMHERST ROTARY COMMUNITY GRANT  
APPLICANT BUDGET FOR YEAR ENDING \_\_\_\_\_ \***

	<b>Base Fiscal Year</b>	<b>Community Grant Impact*</b>	<b>Income Funding Status**</b>
<b>Income Sources</b>			
Government grants/contracts			
Foundation/Corporate grants			
Individual Donations			
Special Events			
Sponsorships			
Fees Earned			
Membership fees			
Earned Income			
Interest/Investment Income			
In kind support			
Other			
<b>Total Income</b>	_____	_____	
<b>Expenses*</b>			
Compensation (salary & benefits)			
Contracted employee services			
Fees to other NGOs			
Professional fees			
Materials and supplies			
Communications			
Utilities			
Rent			
Interest expense			
Other (specify)*			
Other (specify)*			
Other (specify)*			
<b>Total Expenses</b>	_____	_____	
<b>Surplus/(Deficit)</b>	=====	=====	
<b>Other Items:</b>			
Capital Expenditures			
New borrowings			
Debt (principal repayments)			
Annual Fundraising Expense			

• \* Please submit your organization’s budget for the current fiscal year and, if available, your next fiscal year. If it isn’t possible to present your budget in the format specified on this page, please submit your approved budget, and provide rough estimates for the requested data if possible. If some of the expense lines shown above aren’t applicable to your organization’s cost structure (other than Compensation, which is required), please substitute alternative expense lines which are. If possible, we would like to see budget estimates for each expense line accounting for 2% or more of your organization’s annual total expenses. If applicable, show the Community Grant project’s budget impact in the middle column.

• \*\* Income Funding Status: Please categorize funding for each income source as follows:  
Secure: Funding received, signed contract or other commitment documented.  
Pending: Proposal/application submitted and under review.

**Proposed: Applicant is highly confident that specific source will provide funding.**