

# ROTARY CLUB OF WHITE PLAINS

P.O. Box 1712  
White Plains, NY 10602

## COMMUNITY SERVICE GRANT PROGRAM

The Rotary Club of White Plains ("RCWP") with its Foundation provides grants to worthy community service efforts in the White Plains, NY area. Projects or activities funded must promote the mission and ideals of Rotary International and RCWP – encouraging and fostering service as a basis of worthy activity by supporting successful charitable and humanitarian service projects and activities in the communities in which we live.

The Community Service Grants Program of RCWP is focused on serving the White Plains, NY community. Funding requests should be in the range of \$500-\$1,500. Grant proposals must be submitted by February 28<sup>th</sup> by USPS to Rotary Club of White Plains, c/o Lauren McCallion, 53 Wayne Ave, White Plains, NY 10606, or by email to [lmccallion@gmail.com](mailto:lmccallion@gmail.com). Notifications of grant approvals are made on or about March 31<sup>st</sup>.

Proposal Requirements:

- No grant shall be given to any organization more than once in any three-year period.
- The applicant must be a 501(c)(3) organization.
- A proposed program or project must serve the White Plains community.
- The purpose of the Grant must be non-denominational and be fully described in the Grant Proposal Application, below.
- Preference shall be given to smaller organizations having an annual budget of \$500,000 or less.
- The applicant must describe how the RCWP will be publicly acknowledged by the organization.
- The applicant agrees that it will use the funds, if granted, only for the purpose for which the grant is made.
- The applicant must provide one interim report concerning the use of the grant funds and a final report and accounting setting forth how the grant funds were used.
- The applicant must acknowledge the authority of RCWP to withdraw or recover the grant funds in case such funds are, or appear to be, misused.

## COMMUNITY SERVICE GRANT PROPOSAL APPLICATION

Name of Applicant Organization: \_\_\_\_\_

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

Contact Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Has your organization previously received funding from the Rotary Club of White Plains or its Foundation? \_\_\_\_\_

If yes, please state the activity that was funded, the amount of the funding and the year of the funding:

\_\_\_\_\_

**Description of Service Activity/Project**

What service will be performed and/or offered? \_\_\_\_\_

\_\_\_\_\_

Specify the purpose of the grant request: \_\_\_\_\_

\_\_\_\_\_

For whom will the service be provided and/or benefit? \_\_\_\_\_

\_\_\_\_\_

How many individuals will the activity/project serve or benefit? \_\_\_\_\_

Where will the service be performed and/or offered? \_\_\_\_\_

\_\_\_\_\_

Please indicate the timeline for the project: \_\_\_\_\_

How will the activity/project be evaluated? \_\_\_\_\_

\_\_\_\_\_

Please describe how Rotary Club of White Plains will be publicly acknowledged for the grant:

\_\_\_\_\_

What is the total amount of your funding request? \$ \_\_\_\_\_

What is the organization's operating budget? \$ \_\_\_\_\_

How much of your total operating budget is allocated to administrative costs (salaries, benefits, fundraising, clerical, custodial)? \_\_\_\_\_%

How much of the organization's total operating budget is allocated to program/service costs? \_\_\_\_\_%

The organization states that the above information is true, accurate and correct and that the organization agrees to all of the Proposal Requirements set forth above this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Name of Organization \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

**Please read and sign the following Non-Discrimination Assurance and Acknowledgement**

Neither the Rotary Club of White Plains nor its Foundation discriminates in the awarding of community service grants on the basis of race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age, or any other basis prohibited by law. We recognize that applicants may limit their services or opportunities to specifically targeted populations within the community. However, such limitations must be reasonably related to the effective provision of the services/opportunities. The Rotary Club of White Plains and its Foundation, therefore, will only consider applications signed by an authorized official certifying that the requested grant will be used for its stated purpose and will not be used in any program that discriminates on the basis of race, sex, religion, color, creed, disability, sexual orientation, national origin, ancestry or age, or any other basis prohibited by applicable law.

The undersigned affirms and gives the organization's non-discrimination assurance.

The undersigned also acknowledges on behalf of the requesting organization the authority of the Rotary Club of White Plains to withdraw and/or recover the grant funds in case such funds are, or appear to be, misused.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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

**Please attach separate pages for any additional information that will enhance the application.**