



Rotary Club of North Fulton

CHARITY REQUEST APPLICATION

The mission of the Charity Review Committee is to be good stewards of the proceeds we raise through our club's annual fundraising efforts, and to maximize the impact our financial donations and volunteer time have in serving the local community through a needs-based submission, approval and feedback process.

The committee holds periodic meetings to review the applications as they are received, and submits their recommendation to the club's board of directors for final approval. Please fully complete and submit this application to be included in the review process. All applications will be given due consideration.

In order to assure our charitable gifts and volunteers are used properly and in a timely manner we ask your organization commit to do two things:

1. Identify a member of our club as a **Champion** to oversee the usage of the gift (a committee member will be named if none is provided), and
2. Provide a **Feedback Report** within 30 days of the completed project detailing how the gift or volunteers were used, and the impact (specific quantifiable data is desired) the gift or volunteers had on the local community.

We thank you for taking the time to thoroughly complete and submit this application. You should be notified of the Board's decision within 60 days. To serve as many organizations as we can with limited resources, please identify needs within the range of \$100 - \$1500. Some exceptions may be made, but this range will be the norm.

Rotarian Champion

Name: _____

Phone: _____

Email: _____

Name of Organization

Contact Name/Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

1) Please provide a brief history of the non-profit organization; the geographic area served and who or what the organization benefits:

2) Request: (A) Donation (Amount requested) \$ _____

(B) Volunteers (number) _____

(C) Other: _____

3) What is the need? Please describe how the donation or volunteers you are requesting will be utilized and how the local community will benefit.

4) Is this a time sensitive request? Yes / No (circle) If yes, please explain:

President/Executive Director's name: _____

President/Executive Director's signature: _____

Include with this request:

TIN #

copy of current annual operating budget

project budget

list of board of directors

Forward to:

Steve Siders

500 Sun Valley Drive, A6, Roswell, GA 30076

steve.siders@odysseypfa.com

Phone: 770-992-4444 x5 Fax: 770-587-2531

For use by The Rotary Club of North Fulton:

Date request was received _____

Date reviewed by committee _____, decision _____

Date reviewed by BOD _____, decision _____

Date decision was communicated to organization _____

Date(s) of project _____ Date Feedback Report received _____