

**The Rotary Club of Tryon Foundation, Inc.  
PO Box 923, Tryon, NC 28782**

**Application for Grant**

**Guidelines**

The following items must be included in **five duplicate application packets**:

1. **Grant Application Form:** Complete in its entirety.
2. **Proposal:** Submit a detailed description of the program or project and have signed by an authorized official of the organization. Limit to three (3) single-spaced pages and do not bind or staple in any way. Elements of the proposal should include:
  - Concise description of program/project and indicated co-sponsors, if applicable
  - Need for the program/project
  - Objectives and how to be achieved
  - Method and criteria to evaluate success
  - Description of applying organization (programs, clientele, annual budget, etc.)
  - Plan for publicity of received from RCOT Foundation
3. **Budget:** Submit a one page budget outlining the income and the expenses anticipated for the project.
4. **Governing Board:** Provide a list of the Board of Directors and key officers and staff, if applicable.
5. **Tax Exempt Status Letter:** Provide a copy of the federal tax exempt letter identifying the organization's 501(c)(3) certification of the Internal Revenue Code.

*Applications are to be delivered to:  
Rotary Club of Tryon Foundation, PO Box 923, Tryon, NC 28782  
By January 1, April 1, July 1, or October 1 of each year.*

*Applicants will be notified of the decision of the RCOT Foundation regarding their  
application within 60 days.*

**The Rotary Club of Tryon Foundation, Inc.**  
**PO Box 923, Tryon, NC 28782**

1. Name of Organization: \_\_\_\_\_
2. Contact Name and Title: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_
5. Street Address (if different): \_\_\_\_\_  
\_\_\_\_\_
6. E-mail Address: \_\_\_\_\_ (Personal \_\_\_ or Organizational \_\_\_)
7. Length of existence of organization: \_\_\_\_\_
8. Tax Status of Organization  
\_\_\_\_ Tax Exempt Organization (501(c)(3))  
\_\_\_\_ Other Not-for-Profit (specify status) \_\_\_\_\_  
\_\_\_\_ Affiliated with tax-exempt organization (specify) \_\_\_\_\_  
\_\_\_\_ Governmental Tax-exempt Unit  
\_\_\_\_ Incorporated Association  
\_\_\_\_ Religious Organization  
\_\_\_\_ Other (specify) \_\_\_\_\_
9. Time period of Project: Mo/Yr \_\_\_\_\_ to Mo/Yr \_\_\_\_\_
10. Amount requested of The Rotary Club of Tryon Foundation: \$ \_\_\_\_\_
11. Total estimated cost of project: \$ \_\_\_\_\_

12. Other sources of funds for this project only:

<i>Funding Source</i>	<i>Total Amount Requested</i>	<i>Amount Committed</i>	<i>Notification Date</i>
_____	_____	_____	_____
_____	_____	_____	_____

13. If co-sponsored, identify who is responsible for completion of the project:

\_\_\_\_\_

14. Signatures required:

Governing Chairperson: \_\_\_\_\_

Executive Director: \_\_\_\_\_

**DATE RECEIVED BY ROTARY CLUB OF TRYON FOUNDATION: \_\_\_\_\_**