



Rossmoor Rotary Foundation

P. O. Box 2177, Walnut Creek, CA 94595

Federal Tax ID Number: 68-0048178

## Grant Process

The Rossmoor Rotary Foundation (RRF) gives grants to non-profits nominated by Rossmoor Rotary Club members and other Rotary clubs. RRF funding comes from donations and fundraisers, supporting projects conforming with the RRF Articles of Incorporation and focused on Rotary International's seven focus areas.

- Peacebuilding and conflict prevention
- Disease prevention and treatment
- Water and sanitation
- Maternal and child health
- Basic education and literacy
- Economic and community development
- Supporting the environment

To be eligible for consideration, all grant requests must be submitted using the RRF Grant Request Form, below, and completed in their entirety. Each application should include the following components:

1. Summary – Provide the organization's name, address, mission statement, the amount requested, and the intended use of the funds.
2. Recipient Organization Details – Outline the type of services offered, target populations served, and the geographic area covered.
3. Description of Unique Services and Contact Information.
4. Proposed Project Funding – Indicate the total cost, estimated timeline, and methods for measuring effectiveness.
5. Signature of the individual submitting the request.

Submit the completed form to the RRF Grants Committee, which reviews applications on an ad hoc basis year-round.

For questions or additional information, contact:

Sharon Long

Rossmoor Rotary Foundation

Grants Committee Chair

sharon.m.long55@gmail.com

209-304-5118



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## REQUEST FOR GRANT

### 1. Summary:

- a) Name of Recipient Organization: \_\_\_\_\_ Tax ID: \_\_\_\_\_
- b) Address: \_\_\_\_\_
- c) Basic Mission of the Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- d) Amount of Request: \$ \_\_\_\_\_
- e) Intended Use of Funds: \_\_\_\_\_  
\_\_\_\_\_

### 2. Details of Recipient Organization:

- a) Type of service provided (i.e. educational, senior services, community development, etc.):  
\_\_\_\_\_
- b) Describe those served and number: \_\_\_\_\_
- c) Geographic area served: \_\_\_\_\_
- d) Unique services and/or capabilities: \_\_\_\_\_
- e) Contact details:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
e-mail

### 3. Proposed Funding of Project:

- a) Total cost: \$ \_\_\_\_\_ Project Timeframe: From: \_\_\_\_\_ To: \_\_\_\_\_ (dates)
- b) Source(s) of additional funding for balance (if any): \_\_\_\_\_
- c) How will you measure effectiveness of Project? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Requester

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of sponsoring Member

\_\_\_\_\_  
Signature of sponsoring Member

\_\_\_\_\_  
Date