[](https://www.facebook.com/photo.php?fbid=561563197191824&set=a.561563187191825.139106.561560817192062&type=1&source=11)**Rotary Club of Hannibal  
Community Action Committee  
Grant Application**

**Funding from Rotary’s Community Action Committee is to be used for local projects and programs that are in line with the Rotary mission. The mission of Rotary International is to provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.**

**Rotary has the following six areas of focus:  
o Peace and conflict prevention/resolution o Maternal and child health**

**o Disease prevention and treatment o Basic education and literacy**

**o Water and sanitation o Economic and community development**

**Organizations interested in applying for dollars from the Rotary Club of Hannibal that are in line with the Rotary Mission and meet one of Rotary’s six areas of focus should complete the following application. Applications are reviewed quarterly by the Community Action Committee and dollars are awarded at those times.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Application:** |  | **Organization Name:** |  |
| **Contact Name:** |  | **Contact E-mail:** |  |
| **Address:** |  | **City, St, Zip:** |  |
| **Phone Number:** |  | **Grant Request Amount:** |  |

|  |
| --- |
| **Please explain the local program/project dollars will be used to support:** |
|  |
| **How is this program/project in line with the mission of Rotary? The mission of Rotary is to provide service to others, promote integrity, and advance world understanding, goodwill, and peace through its fellowship of business, professional, and community leaders.** |
|  |
| **How does this project/program meet one or more of Rotary’s six areas of focus:**  **o Peace and conflict prevention/resolution o Maternal and child health**  **o Disease prevention and treatment o Basic education and literacy**  **o Water and sanitation o Economic and community development** |
|  |
| **If approved, please note the timeline for the completion of program or use for monies:** |
|  |
| **Please explain the total budget for the program. Please include the nature and amount of any additional monies received or requested from other organizations, individuals or government entities:** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please state the name of any and all individuals who will administer the receipt and payment of grant monies:** | | | | | | |
|  | | | | | | |
| **Please list any donations, amount, date and use of such donations previously received from the Rotary Club of Hannibal:** | | | | | | |
|  | | | | | | |
| **If approved, please provide information regarding check issuance and presentation:** | | | | | | |
| **Make Check To:** | |  | | | | |
| **Address:** | |  | | | **City, St, Zip:** |  |
| **If approved, would a representative from your organization be available for a check presentation in front of the Rotary Club of Hannibal?** | | | | | | |
| **YES:** |  | **NO:** |  |  | | |

Thank you for your grant request from the Rotary Club of Hannibal. Please submit completed applications to Denise Damron [denise@uwmta.us](mailto:denise@uwmta.us). Applications may also be mailed to:

Rotary Club of Hannibal

Attn: Community Action Committee

PO Box 1386

Hannibal, MO 63401

**Rotary Club of Hannibal - Internal Use Only:**

**Date Received:**

**Amount Requested:**

**Amount Approved:**

**Date Approved by CAC:**

**Date Approved by Executive Leadership Board:**

**Date of Check:**