

## Community Grants Program

The Downtown Macon Rotary Club is a civic organization, comprised of over 100 leaders from the Central Georgia community. As part of Rotary International, our club is committed to “Service Above Self,” working in such areas as literacy improvement, vocational services, medical missions, and international awareness. An important part of our club’s service is focused on our “local roots,” working on behalf of children and families in underserved areas of Macon. To that end, each year we raise money to make modest but meaningful grants to other organizations working to meet community needs.

For 2019, the process is as follows:

Monday, April 15	Application Period Opened- Application on website <a href="http://www.downtownmaconrotary.org">www.downtownmaconrotary.org</a>
Wednesday, May 15	Applications Submitted DEADLINE
Wednesday, May 29	Award Decisions Finalized
Wednesday, June 19	Checks Presented at Rotary Club Meeting Macon Coliseum Monument Room at 12:30 p.m.

Please note:

- All applicants must be based in Bibb County or must spend the award money in Bibb County.
- Applicants cannot receive a grant in consecutive years
- Applicants must attach 501C3 letter with application
- Recipients must send a final report within one year detailing how the award was spent and the results of the program or project.

If you are requesting funds, please complete the following Grant Application Form, along with a one-page description of how the Rotary Grant would be used by your organization and a copy of your 501c3 letter. Send the documents to: Cal Till via email at [ctill@infinitynetworks.net](mailto:ctill@infinitynetworks.net) or via fax **(478) 475-9729**.

**APPLICATION FORM**

Name of Project: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**Describe your organization and service mission to the community:**

**Who will benefit from this project?**

**Number of individuals (estimate if necessary) to be served by this project? \_\_\_\_\_**

**Where is the project located?**

**Who will carry out the project?**

**What amount of funding is being requested from the Downtown Macon Rotary Club? \$ \_\_\_\_\_**

**What funds have been or will be received from other sources, and in what amounts?**

Source:

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Amount:

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

*Don't forget to include your one-page description of how the Rotary Grant would be used by your organization and a copy of your 501c3 letter.*

<p>Return completed application to:          Cal Till          By email: ctill@infinitynetworks.net          Or by fax: (478) 475-9729.</p>	<p>Action on Request:</p> <p>Grants Committee          Approved ____ Denied ____</p> <p>Board of Directors          Approved ____ Denied ____</p> <p>Amount _____</p>
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