

**Schenectady Rotary Foundation Spring
2026: Annual Grants up to \$3,000**

Project Name:

Project Description (please give a brief description of the project for which you are requesting support):

Amount Requested:

Program Area:

(select all that apply):

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Health | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Youth |

Funding Type:

Please indicate the type of support you are requesting

- Organizational Support:** This grant provides funds for the ongoing operations of the organization, including (but not limited to) operations, program, marketing, fundraising, or leadership development expenses.

- Project Support:** This grant provides funds for a one-time operating cost, including (but not limited to) upgrading computers, replacing a boiler, capacity development, or installing a new piece of program equipment.

Prior Grant:

What was the amount of the last grant you received from the Schenectady Rotary Foundation?

If you have not received a prior grant, please enter \$0.

Year Prior Grant was Received:

If you have not received a prior grant, please enter N/A.

Organizational Information:

Organizational Mission Statement:

Brief Description of organization

Request Details:

Total Organizational Budget:

Grant Period:

What period of time does this request cover?

Will this grant be totally spent in Schenectady County? ____YES ____NO

Please explain if the answer is no.

Proposal Summary

Request Summary

In this section you will provide an overview of the goals and objectives of the request. You should address the following in your narrative:

For Annual Operating Support requests please include:

- Explanation of how a grant from the Schenectady Rotary Foundation would assist the organization

For Specific Project Request please include:

- Outline of the specific goals of the project
- Indicate how this project will be managed

- Estimate of project costs and explanation of how the request relates to these costs
- Expected outcomes of the project; what will be different at the end of the project

Required Documentation

Attach supplemental documentation as needed

Board Members List: *Please attach or enter a list of your board members*

Request Budget: *Please attach your budget for this request or enter the information here.*

Your organization is a 501(c)3 tax exempt charity: ____YES ____ NO

Tax ID Number: _____

Proof of 501c3 status (*attach with application*)

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Phone Number: _____

Website URL: _____

Mailing Address: _____
