

Madison West Middleton Rotary Foundation Unanticipated Funding Requests - Worksheet

*This Form Is To Filled Out By the Chair and Co-Chair of the Avenue Of Service
That This Funding Request Falls Under*

Date: _____

This worksheet should be used when the Madison West Towne-Middleton Rotary Foundation receives funding requests that were not included in the final Foundation Budget approved by the Board of Directors (Board) for the current fiscal year. This worksheet can only be used for one time requests to be paid out in the current fiscal year. Please attach all pertinent materials that should be reviewed by the Board.

Net Funds available in the Unanticipated Requests Fund for Fiscal Year _____ - _____: \$ _____

Organization or Person(s) making the request: _____

Brief description of the request: _____

Amount of the request: \$ _____ **Date the request was received:** _____

Avenue of Service this request falls under: _____ *

*Community Service, International Service, or Vocational Service

Has the organization or person(s) making this request obtained funding from our Foundation before? If so, please provide details? _____

How does this request advance the overall goals of the Madison West Towne-Middleton Rotary Foundation? _____

******* This request meets _ of the 5 criteria listed on page 2. *******

The Chair and Co-Chair of the _____ Avenue of Service recommend that the organization or person(s) identified above receive funding in the amount of \$ _____ (please note that the recommended amount of funding can be for an amount that is equal to or less than the amount of funding that has been requested). We respectfully request the Club President present this funding request to the Board of Directors at their meeting scheduled for _____. *Note: The Club President and members of the Board must be given sufficient time to review this worksheet prior to the next scheduled Board meeting.*

Chair of _____ *

Co-Chair of _____ *

*The Chair and Co-Chair of this avenue of service are required to enter their names here. .

Criteria To Be Considered When Evaluating This Request (a YES answer means that the criteria has been met).

1. Does this request fit within the _____ Avenue of Service? YES ___ NO ___
2. Is there an urgency to this request that precludes delaying the funding of this request until the next fiscal year? YES ___ NO ___
3. Does this request advance the overall goals of the Madison West Towne-Middleton Rotary Foundation? YES ___ NO ___
4. Does this request pass the “General Sniff Test” (the project being funded is non-political, non-controversial, the person(s) or organization making the request is a reputable / legitimate non-profit that is in good standing, the proposed project does not unreasonably compete with any of our Foundations existing projects, etc.)? YES ___ NO ___
5. Are there sufficient funds available in the Unanticipated Requests Fund to cover the level of funding that the Chair and Co-Chair are recommending to the Board of Directors? YES ___ NO ___

At least 4 of the 5 criteria listed above must be met in order for the Board to approve this funding request.

The Club President _____ has reviewed this Unanticipated Funding Request Worksheet and
___ Concur
___ Does Not Concur
with the recommendations of the Chair and Co-Chair of the _____ Avenue of Service.

Important Information

This worksheet is to be filled out by the Chair and Co-Chair of the avenue of service that this funding request falls under. Once this worksheet has been filled out, it is to be submitted to the President and Secretary of the Madison West Towne-Middleton Rotary Club. Note: **The worksheet is to be submitted to the President and Secretary no less than 15 days prior to the date of the Board meeting that this request will be presented.**

Approved By Board of Directors: 8-18-15