

## **Request for Assistance Guidelines**

The primary focus of the Traverse City Noon Rotary JJ Beckett Access-ABILITY Committee is to assist **individuals** overcome limits caused by a disability and improve access to a fuller life.

**All requests must be submitted in writing either by email or mail.**

Applying **via Email**            [admin@traversecityrotary.org](mailto:admin@traversecityrotary.org)  
Applying **By Mail:**        Traverse City Rotary, 13040 S West Bay Shore Dr, Ste 108, Traverse City, MI 49684  
Attention:                    Access-ABILITY Committee

**Considerations for assistance primarily given for requests between \$25 - \$1000. Requests with matching incentives will be considered up to \$2500.** Please know that funding is rarely given for 100% of the request. Applicants should be prepared to seek support from additional community resources. Access-ABILITY applicants may only apply for assistance **once per calendar year.**

**Geographic Area** – consideration will only be given to those living in the greater Grand Traverse Area.

**Request for Assistance Review:** The Traverse City Noon Rotary JJ Beckett Access-ABILITY Committee primarily meets the second Tuesday of the month. Upon receiving applications for assistance committee members are assigned to requests. A committee member will contact applicants to discuss application and collect additional information, support as needed, and present the request at the next meeting.

**Applying for Assistance – The following information should be included in the request for assistance. Feel free to use document as a form or include details handwritten or in an email.**

**Date**

**Applicant Name:**

**Name of Person who assistance will benefit (if not you):**

**Relationship to person:**

**Address:**

**City:**

**ST:**

**Zip:**

**Phone:**

**Email:**

**Please give details of disability and limitations:**

**Please describe what the funds will be used for:**

**How will the resource you are seeking help you/individual overcome limits caused by a disability and improve access to a fuller life?**

**Are you working with an agency/organization or school?**

**What is the total cost of the resource?**

**Specify other funding resources? Personal/groups/organizations**

**How much assistance are you seeking from Rotary?**

**Who is the vendor?**

**What is the timeline of need?**

**Please include any supporting materials, estimates or letters of support from doctor, nurses, organizations etc. and list them here**

**How did you hear about the Access-ABILITY committee?**