

Rotary Club of Castlegar Sunrise

Upon completion, please email to: info@castlegarsunriserotary.org Subject line: Project Application

Type of project – Club Administration Use						
Rotary Communit	y	Grant/Donation Request	Community Project Partnership Request	Express Grant Project	Presidential Citation	Bingo Fund Distribution
Project Fundir	Project Funding Application					
			Applicant Info	rmation		
Contact Name:	Last		First		Date:	
Project Name:						
Organization Name	:					
Phone:			Ema	il		
Tell us about the pr		d for the project:	Project Inforr	nation		
Describe the overal	l bene	fits of the project				
Outline the timeline	for the	e project (start/co	mpletion dates and m	ilestone dates):		

Project Financial Informa	tion
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Total project cost: \$

Please provide a project budget (see sample provided)

Amount requested from Rotary Club of Castlegar Sunrise: <u>\$</u> How will these funds be used?

NOTE: DEPENDING ON THE SCOPE OF THE PROJECT, FUNDS MAY BE DISTRUBUTED IN PHASES.

ALSO, IF THE PROJECT DOES NOT COMPLETE, A RETURN OF THE FUNDING MAY BE REQUESTED.

What are your other sources of funds (include in-kind as well)?

How will Rotary be recognized for this contribution?

How will you measure the success of this project?

YES NO

☐ If no, are you working with a Rotary Member

YES	NO	

Name of Rotary Member (s) involved in the project:

Are you a Rotary Member?

Please provide any other information that you feel would help our decision:

SAMPLE BUDGET FORM

Sources of Revenue	Committed	In Progress	Total
Applicant			
In-kind			
volunteer			
Additional contributors (please list all)			
Total Revenue			

Expenditures		
Salaries		
Professional Fees		
Rent/Utilities		
Communications		
Office Supplies		
Program Supplies		
Marketing Materials		
Building Materials		
Travel		
Promotions		
Other (please specify)		
Total Expenditures		

Total Cost of Project		
Total Sources of Revenue		
Total Request from Sunrise Rotary		