



Rotary Club of Castlegar Sunrise

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

Type of project – Club Administration Use					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rotary Community Project	Grant/Donation Request	Community Project Partnership Request	Express Grant Project	Presidential Citation	Bingo Fund Distribution

Project Funding Application

Applicant Information

Contact Name: _____ Date: _____
Last *First*

Project Name: _____

Organization Name: _____

Phone: _____ Email _____

Project Information

Tell us about the project:

Explain the identified need for the project:

Describe the overall benefits of the project:

Outline the timeline for the project (start/completion dates and milestone dates):

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			