

# Application for Funding Request

**Project Name:** \_\_\_\_\_

**Project Rotary Member Champion** (member who proposes project):

\_\_\_\_\_

**Project Scope** (what is proposed): \_\_\_\_\_

\_\_\_\_\_

**Have you Proposed & Had a Project Funded in the Last 12 months?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** / (Project Name) \_\_\_\_\_

**Project Timeline** (when does it occur, duration of the project):

\_\_\_\_\_

**Beneficiaries & their organizational status** (who are we helping/what is their charitable purpose?)

\_\_\_\_\_

**Resources Needed:**

- Rotarian Involvement \_\_\_\_\_
- Community Involvement \_\_\_\_\_
- Club Funds Needed: Enter Total Amount \$ \_\_\_\_\_

**What Rotary Areas of Focus does this serve** (circle all that may apply):

*Fighting Disease / Promoting Peace / Providing Clean Water, Sanitation & Hygiene / Saving Mothers and Children / Supporting Education / Growing Local Economy / Protecting the Environment*

**What is the plan for how The Rotary Club of Durham will be recognized, ensuring our Rotary brand image has been used according to Rotary brand guidelines** (circle all those that apply):

- Press Coverage / Signage in Prominent Locations / Social Media Coverage / Article in Club Bulletin / Article in District Newsletter / Announcement Made at Event / Please give details below, including who is responsible for making recognition occur:

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**Member Champion: Review the Project Reporting Form with recipient before submitting the request so the organization understands what will be required of them. Throughout the course of the Project and particularly when the Project is done, will you and the Beneficiary be able to provide an update and a final detailed Project Report to the Board that includes the information below:**

**Yes**     **No**

1. **Explain how the funds were used, eg:** Funds were used to buy food and produce 100 meals.
2. Who were the **beneficiaries**?
3. Describe the **impact of the funding** deployed compared to the initial expectations presented.
4. Were the expected demographics assisted?
5. Be able to answer **Board questions** about their organization beyond that which is publicly available on the website or other source of information
6. Be able to detail the **recognition/exposure** that the club received
7. Be able to detail how the **Four Way Test** was used in all considerations of this project.

Please submit this application to the Club President or Board of Directors for consideration at the next Board Meeting.

Thank you for caring about our community and helping us connect with those in need.

### **Review, Comments & Signoff**

- Stewardship Committee:
- Other, if needed (Partner):
- Board:
- President:

Signed Approval by President/Board: \_\_\_\_\_

Date: \_\_\_\_\_

Assigned Committee Liaison: \_\_\_\_\_