



**Rotary Club of Whitby Sunrise  
REQUEST FOR FUNDING**

**1. INFORMATION ABOUT THE ORGANIZATION**

Name: \_\_\_\_\_

Give a brief description of your organization.

\_\_\_\_\_  
\_\_\_\_\_

- i. Is the organization a Registered Canadian Charity? YES  NO
- ii. How long has the organization been in operation? \_\_\_\_\_
- iii. Please include a brochure or publication describing your organization if available.
- iv. Organization/Project Website address or Facebook page.

\_\_\_\_\_

**2. IDENTIFICATION OF THE PROJECT**

a. Project Title: \_\_\_\_\_

b. Place of Implementation: \_\_\_\_\_

c. Group Responsible: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

d. Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

e. Project Goals to be achieved:

\_\_\_\_\_

How will these Goals be achieved? (Outline your plan with timeline)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Population Profile for the Project URBAN  RURAL

g. Target Groups (Check all that apply)

CHILDREN  YOUTH  SENIORS

MEN  WOMEN  ENTIRE POPULATION

h. What evidence exists for the need of this project?

\_\_\_\_\_

i. How will the project beneficiaries be involved?

\_\_\_\_\_

j. At what stage is the project?

START UP  MIDDLE  END

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### 3. FUNDING INFORMATION

- a) Amount requested from the Rotary Club of Whitby Sunrise \$ \_\_\_\_\_
- b) Are you seeking funding from other sources? YES  NO
- c) Have you been approved for funding by other sources? YES  NO
- d) Have you received previous funding from Rotary Club of Whitby Sunrise? YES  NO
- e) If YES, in what year? \_\_\_\_\_ Amount Received? \$ \_\_\_\_\_

### 4. ADDITIONAL QUESTIONS

How did you hear about the Rotary Club of Whitby Sunrise? \_\_\_\_\_  
Would someone from your organization be prepared to speak to the Club at an upcoming meeting about the project and organization? YES  NO

### 5. DECLARATION

I, the undersigned, responsible for the project named in this Request For Funding, declare that the stated information is accurate to the best of my knowledge. I further agree that should funding be approved I will provide ongoing updates including financial verification by attaching appropriate invoices and receipts.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name of Person Signing

\_\_\_\_\_  
Title

**PLEASE NOTE: THIS FORM COMPLETED DOES NOT MEAN THE ACCEPTANCE OF THE PROJECT BY THE Rotary Club of Whitby Sunrise. YOU WILL BE NOTIFIED IF YOUR PROJECT HAS BEEN APPROVED.**

**Send completed signed documents via email :** [president@rotarywhitbysunrise.com](mailto:president@rotarywhitbysunrise.com)

Or mail to :

**Rotary Club of Whitby Sunrise**  
P.O. Box 94  
Whitby, ON L1N5R7

#### FOR CLUB USE:

**Avenue Of Service** \_\_\_\_\_ **Director** \_\_\_\_\_

**Date Received** \_\_\_\_\_ **Date Approved** \_\_\_\_\_

**Amount** \$ \_\_\_\_\_

**Rational/ Additional Comments** \_\_\_\_\_

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