

**Rotary Club of Cambridge Sunrise
Community Grant Approval Checklist**

Project Name: _____

Date Proposal Received: _____

Allocations Committee Review Date: _____

_____ 1. Maximum two-page written application submitted **YES NO**

_____ 2. Name of project or one line description clearly stated **YES NO**

_____ 3. Statement of purpose, general goal, and specific objectives clear **YES NO**

_____ 4. Location of project/program detailed **YES NO**

_____ 5. Needs assessment conducted **YES NO** Attached **YES NO**

_____ 6. Estimate included of number of people to be served by project _____

Rationale _____

_____ 7. Benefit to community beyond funding years **YES NO**

_____ 8. How long will the program serve the community _____

_____ 9. Activities to achieve goal reasonable **YES NO**

_____ 10. Measurement of success reasonable **YES NO**

**Rotary Club of Cambridge Sunrise
Community Grant Approval Checklist
Continued**

____ 11. Other funding sources being sought **YES** **NO**

____ 12. Detailed budget submitted **YES** **NO**

____ 13. Reasonable timeline **YES** **NO**

____ 14. Acknowledgement of Club donation detailed e.g. plaque/ listing **YES** **NO**

TOTAL SCORE: ____ / 13 (**Percentage Score=** %)

Board Review Date: _____

Club Membership Review Date: _____

Votes Approved _____ **# Votes Declined** _____

Final Result: _____

Rationale:
