

# **Funding Application**

(2025-2026)





Our Club has a strategic framework that is used as our internal guideline for assessing requests for funding or project support.

#### Your request must support at least one of our Club's areas of focus:

- √ Seniors
- √ Youth
- √ Environmental projects
- √ Health and wellbeing
- √ Education including literacy, the arts and culture
- √ the underserved or under supported by government including indigenous and marginalized communities
- √ the disadvantaged either locally in Wellington County or the developing world
- √ projects that increase DEI (Diversity, Equity, Inclusion)

#### **Funding requests should:**

- √ have a strong, clearly defined objective and timeline
- √ provide measurable outcomes
- √ offer potential opportunity for our members to get involved

To find out more about Rotary International's 7 AREAS OF FOCUS AND AVENUES OF SERVICE please ctrl/click here:

Rotary International 7 Areas of Focus + Avenues of Service

# **Application for Funding**

If you believe your project meets one or more of Rotary Club of Guelph South's Areas of Focus, please submit the following application:

Organization Name	
Your Name	
Your Position	
Organization Start Date	
Address	
City	
Province	
Postal Code	
Contact Information	
Contact's Phone #	( )
Email Address	
Website:	
Do you receive government fundi	ng? Yes No
Amount requested: \$	
Have you received funding before	e from us? Yes No
If so, when?	How much? \$

# Please provide a concise overview of your organization:

## **Organizational Structure:**

0	Registered Canadian Charity and Charitable Number #						
0	Not For Profit Corporation #						
0	Individual						
0	Other (please describe)						
Pleas	se indicate your major source(s) of funding:						
Des	cription of your project - Please provide details of the project below:						
Desc	cription of Project:						
Who	will benefit?						
	d - financial or active participation from Rotary?						
Time	eline for completion?						
How	will you measure success?						

l,	(Print Name)	, a	, am authorized to sign this		
application on behalf	OT .				
(A <sub>I</sub>	oplicant Name)			<del></del>	
and authorize Rotary application. I hereby o	•		•	•	
Dated at		this	day of		, 20
Signed by:					
Name:			Title:		

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### **Additional Important Information About Your Application**

Applications should be submitted by email to: <a href="mailto:info@guelphsouthrotary.ca">info@guelphsouthrotary.ca</a>

If your application for funding is granted, in whole or in part, you will agree to:

- provide the Club members with a brief talk about the project and the impact the funding makes
- provide an accounting of the funds received from the Rotary Club of Guelph South, on a schedule to be determined, and following the completion of the project.
- complete and return our Stewardship Report that will be provided to you
- we will want your permission to post information on your project, including photos, on our club website as well as other Rotary-related websites and social media channels.