

ROTARY CLUB OF PORT MOODY

FUNDING REQUEST APPLICATION FORM

NAME OF ORGANIZATION APPLYING: _____

CHARITY REGISTRATION NUMBER: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL: _____

AMOUNT BEING REQUESTED: _____

DATE FUNDS NEEDED BY: _____

PROJECT TITLE: _____

PROJECT DESCRIPTION, INCLUDING:

- PURPOSE OF PROJECT/COMMUNITY BENEFIT AND POPULATION SERVED
- DURATION OF PROJECT
- GEOGRAPHICAL LOCATION OF SERVICE/PROJECT
- INTENDED USE OF ROTARY FUNDS
- OTHER SOURCES OF FUNDING PURSUED/OTHER COMMUNITY PARTNERS, IF APPLICABLE
- CONSEQUENCES TO PROJECT PLAN/VIABILITY IF THIS GRANT IS NOT PROVIDED
- PAST CONNECTIONS TO ROTARY CLUB OF PORT MOODY, IF APPLICABLE
- HOW ROTARY'S SUPPORT WILL BE RECOGNIZED IN YOUR PUBLICITY PLAN
- ANY OTHER INFORMATION YOU MAY WISH TO PROVIDE

ROTARY CLUB OF PORT MOODY COMMUNITY GRANTS INFORMATION SHEET

THE ROTARY CLUB OF PORT MOODY WILL ACCEPT FUNDING REQUESTS FROM LOCAL COMMUNITY GROUPS EACH YEAR. **WE DO NOT PROVIDE DONATIONS TO FUNDRAISING EVENTS, INDIVIDUALS OR TO COVER SALARIES.**

OTHER PROJECT APPLICATIONS MUST BE:

- SUBMITTED TO THE CLUB PRESIDENT BY EMAIL. THE **FUNDING REQUEST APPLICATION FORM** COMPLETED FORM MUST BE RETURNED BY **SEPTEMBER 30TH** TO BE CONSIDERED IN OCTOBER.
- SUCCESSFUL APPLICANTS WILL BE DETERMINED BASED ON AVIALABILITY OF FUNDS, VALUE TO THE COMMUNITY AND ALIGNMENT WITH THE CLUB'S VALUES AND COMMITMENTS TO YOUTH, SENIORS AND THE HEALTH AND WELFARE OF THE VULNERABLE.
- FUNDS MUST BE USED FOR THE STATED PURPOSED AND MAY NOT BE USED FOR A DIFFERENT PURPOSE WITH OUT PRIOR APPROVAL FROM THE ROTARY CLUB OF PORT MOODY.

A SHORT FOLLOW UP REPORT AFTER THE PROJECT COMPLETION DATE WILL BE EXPECTED AND APPRECIATED. WE ALSO RESERVE THE RIGHT TO PUBLISH INFORMATION IN THE MEDIA ABOUT THE SUPPORT THAT ROTARY HAS PROVIDED TO YOUR PROJECT.