



Local Community Service Committee Funding Application

Committee Chair: Julie Hughes

Email application to: office@rotaryniagara.org

- 1) Please describe your organization and the services offered in our community.
- 2) Please identify the contact person in your organization. Include title, address, postal code, phone and fax numbers as well as E-Mail address.
- 3) Please describe your program or project for which you request funding.
- 4) How was the need determined?
- 5) How does this project reduce risk or help the people you assist?
- 6) Is this project similar to others offered in the community?
- 7) Does this program/project extend to the people of St. Catharines only? If it extends to people beyond St. Catharines please describe the area that is covered and how they are served.

8) When will the project or program start and when will it be complete?

9) Are there any project partners involved? If yes, please identify them.

10) What are the resources and expertise in your organization to undertake the program/project?

11) What are the outcomes from your program/project and how are they measured?

12) What are your total financial needs for this project/program and what is the amount you are requesting from our club?

13) What will you do if we are the only source of funding and you do not reach your total goal?

14) Have you solicited help from other Rotary Clubs or service groups or other potential sources of funding? If so, please identify them.

15) Are there any special comments you would like to make to help us in our assessment?

Signature: _____ Date: _____

Print Name: _____

Email: _____

Phone: _____

Organization Name: _____