

Local Community Service Committee

Funding Application

**Name of agency or individual applying**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount Requested: Maximum $2,000 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please describe your organization and the services offered in our community.
2. Please describe your program or project for which you request funding.

(Be as specific as possible, including target audience, metrics for measurement)

1. How does this project reduce risk or help the people you assist?

1. When will the project or program start and when will it be complete?
2. What are the outcomes from your project and how are they measured?
3. What are your total financial needs for this project? Where is the funding coming from (including other Rotary Clubs)?
4. What will you do if you do not reach your financial goals for this project?
5. How was the project need determined?
6. Is this project similar to others offered in the community? If Yes, please describe the other projects.
7. Does this program/project extend to the people of St. Catharines only? If no, please describe the area that is covered and how they are served.
8. Please identify any project partners involved.
9. Are there any other comments you would like to make to help us in our assessment?
10. How will the Rotary Club of St. Catharines be recognized as a donor to this project?
11. What are the opportunities for Rotarians to get involved with your organization as volunteers?

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| --- | --- |
| Contact Person |  |
| Title |  |
| Phone # |  |
| Email Address |  |
| Mailing Address |  |
| Charitable #, if applicable |  |

Should your request be approved, your signature below indicates that you agree to:

* reporting back to this club on the results of our donation
* allow for a cheque presentation photo op
* allow us to use your organization’s name in our publications

**Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit your completed application to** [**local@rotaryniagara.org**](mailto:local@rotaryniagara.org)

**Rotary Club of St. Catharines, 271 Ridley Rd., St Catharines, ON.**

[**office@rotarystcatharines.com**](file:///C:\Users\Patti\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\W28970UN\office@rotarystcatharines.com)

**Committee Chair: Mike Britton E) mikebrittonstc@gmail.com**