Rotary Club of Coquitlam Sunrise REQUEST FOR FUNDING - APPLICANT INFORMATION				
Date of Application:				
Name of Organization:				
Mailing Address:				
City:			Postal Code:	
Contact Person & Title				
Phone Number:	Email Address:			
Website:				
Are you a Registered Charitable Society: If yes please provide the #		Are you registered BC Society: If yes please provide the # and date of last AGM.		
to complete the project.	benefit the comm	nunity in need.	Provide the estimated length of time needed	
Expected Expenses: what is the total of	cost of this project	t.		
Requested amount of funding from the Rotary Club of Coquitlam Sunrise:				
Will 100% of the requested funds go t	to the intended b	eneficiaries? If	f not 100% please explain:	

Cooperating Organizations: Are any other groups or organizations assisting with the funding or implementing the project.
Community Assessment & Impact: Describe how the benefiting community has been determined and what impact will be made with this project.
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Sustainability: Please explain the plan on how to maintain this project after our funding has been fully expended.
Implementation Plan: Describe specific activities the members of the Rotary Club of Coquitlam Sunrise could do to assist with the implementation of this project.
Media Plan: Is there a plan to have coverage of this project in the local media?
Additional Information: Please add any additional information that might aid us in making our decision.



Please email this completed form to:
Rotary Club of Coquitlam Sunrise
Secretary, Malcolm Kennedy
malcolm.rotary@outlook.com
604-941-8606