**World Community Service (WCS)**

**FUNDING APPLICATION**

**I have read the** [**Guidelines for International Funding Requests**](https://portal.clubrunner.ca/942/Documents/en-ca/0b50efc4-e5d6-4b72-b126-aa68038400f6/1/) **(check the box)** [ ]

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| 1. **General Project Information**
 |
| Name of Project |  |
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| 1. Country and Region/Community
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| 1. Name of Person/Organization Submitting Application
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| 1. Total Project Budget (Specify CAD or USD)
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| 1. Total Funds Requested from the Rotary Club of Calgary Downtown (CAD or USD)
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| 1. Type of Grant Being Requested
 | [ ]  Club [ ]  District Supporting [ ]  Global Grant [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Anticipated Start Date (month/year)
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| 1. Estimated End Date (month/year)
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| 1. Indicate your Prior Experience with this Type of Project
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| 1. **Project Leaders**
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| **Rotary Champions** |
| **International Rotary Club**  | **Rotary Club of Calgary** | **Host Rotary Club** |
| Club Name:  | Club Name:  | Club Name:  |
| *Main Contacts* | *Main Contacts* 2 Required or 3 if it is a Global Grant | *Main Contacts* |
| 1. Name: Email:  Number: | 1. Name: Email:  Number: | 1. Name: Email:  Number: |
| 2. Name: Email: Number: | 2. Name: Email: Number: | 2. Name: Email: Number: |
| 3. Name: Email: Number: | 3. Name: Email: Number: | 3. Name: Email: Number: |
| **Cooperating Organizations** |
| 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Charitable # *(if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Name of Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Charitable # (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| 1. **Project Description: Executive Summary**
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| 1. What do you want to do, and how do you want to do it? (maximum 250 words)
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| 1. Why do you want to do it? (maximum 200 words)
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| 1. **Project Details**
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| 1. Rotary Area of Focus that this project addresses (choose one main area)
 | [ ] Water & Sanitation[ ]  Disease Prevention & Treatment[ ]  Maternal & Child Health[ ]  Basic Education & Literacy | [ ]  Economic & Community Development[ ]  Peace & Conflict Prevention/Resolution[ ]  Supporting the Environment |
| 1. Who and how many people will be directly (and indirectly) impacted by the project?
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| 1. Will there be a training component?
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| 1. Will additional funds be requested?
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| 1. **Community Involvement**
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| 1. Please list the names, contact information, roles and experience of any additional personnel, local Rotary Clubs or cooperating organizations (that are not included in section 2).
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| 1. What is the role and experience of the host Rotary Club?
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| 1. How will recipients of the project be involved (example - volunteer labor etc.)?
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| 1. **Plan for Sustainability**

Refer to Rotary’s Six Steps for Sustainability |
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| 1. **Rotary Involvement and Recognition**
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| 1. How will Rotary, your Club, or our Club be recognized?
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| 1. If this application is from outside the Rotary Club of Calgary Downtown (RCCD), will our Club be included in the project planning and implementation? If so, how?
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| 1. What are your plans for reporting back to RCCD World Community Service Committee?
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| 1. **Risks, Needs Assessment and Evaluation**
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| 1. What are the political, cultural, environmental, economic, social, and performance risks associated with this project?
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| 1. Has a LOCAL Community Needs Assessment been done? When? By whom?
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| 1. What outcomes will be monitored and evaluated?
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| 1. Is there a Memorandum of Understanding (MOU) connected with this project? If so, please attach it. [ ]  YES [ ]  NO
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| 1. **Project Budget in CAD or USD**
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| Specify anticipated exchange rate  |  | Currency |  |
| **Major Expenditures** | **Amount** |
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| **Total Minor Expenditures** |  |
| **TOTAL** |  |

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| 1. **Project Funding**
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| **Source** *(CLUB, DDF – specify type, TRF or other. If other, specify what type)* | **Confirmed or Potential** | **Amount** |
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| **TOTAL** |  |

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| --- | --- |
| **Name** | **Signature** |
|  |  |
| **Date (dd/mm/yyyy)**  |  |

**Please send completed form to:**

 Sonny Belenkie belenkie@ucalgary.ca and

WCS Approval #:

 Doug McMillan doug.mcmillan@dal.ca