**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 |  |
| 1. Name of Person/Organization Submitting Application |  |
| 1. Total Project Budget (Specify CAD or USD) |  |
| 1. Total Funds Requested from the Rotary Club of Calgary Downtown (CAD or USD) |  |
| 1. Type of Grant Being Requested | Club  District Supporting  Global Grant  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Anticipated Start Date (month/year) |  |
| 1. Estimated End Date (month/year) |  |
| 1. Indicate your Prior Experience with this Type of Project |  |

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| 1. **Project Leaders** | | | |
| **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** |
| 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** | | | |
| 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? | |  | |
| 1. Will there be a training component? | |  | |
| 1. Will additional funds be requested? | |  | |

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| 1. **Community Involvement** |
| 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](C://Users/rotar/Downloads/Six_Steps_to_Sustainability_en%20(1).pdf) |
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| 1. **Rotary Involvement and Recognition** |
| 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** |
| 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** | | | |
| Specify anticipated exchange rate |  | Currency |  |
| **Major Expenditures** | | | **Amount** |
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| **Total Minor Expenditures** | | |  |
| **TOTAL** | | |  |

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| 1. **Project Funding** | | |
| **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](mailto:belenkie@ucalgary.ca) and

WCS Approval #:

Doug McMillan [doug.mcmillan@dal.ca](mailto:doug.mcmillan@dal.ca)