



## APPLICATION FOR FUNDING

Rotary Club of High River

PLEASE EMAIL TO  
**rotaryhighriver@gmail.com**

**PLEASE NOTE ONLY EMAILED ELECTRONIC APPLICATIONS WILL NOW BE ACCEPTED**

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

### **PART A ABOUT YOUR ORGANIZATION/GROUP**

**Please complete ALL sections.** Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Please keep this information brief in order to facilitate funder review.

ORGANIZATION NAME (FOR THE GROUP RESPONSIBLE FOR ACCOUNTING FUNDS):

ORGANIZATION ADDRESS:

CONTACT NAME:

CONTACT PHONE NUMBER:

CONTACT FAX NUMBER:

E-MAIL ADDRESS:

INCORPORATION NUMBER:

INCORPORATION DATE:

CHARITABLE DONATION NUMBER:

CHARITABLE ORGANIZATION NAME:

EXECUTIVE DIRECTOR (IF APPLICABLE):

NUMBER OF STAFF:

FULL TIME

PART TIME

**AMOUNT REQUESTED: \$** \_\_\_\_\_

#### **AUTHORIZATION FOR APPLICATION:**

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

A1. ☐GUIDING PRINCIPLES: (THESE MAY BE THOUGHT OF AS BELIEFS/VALUES/PHILOSOPHY)

A2. ☐MISSION/MANDATE: (WHAT YOUR ORGANIZATION/GROUP DOES. IDENTIFY ANY LEGISLATION THAT GOVERNS YOUR MANDATE)

A3. ☐GOALS OF YOUR ORGANIZATION: (THIS WILL ENCOMPASS THE BROAD VIEW OF YOUR TOTAL ORGANIZATION/GROUP)

A4. ☐PROGRAMS AND SERVICES: (LIST THE PROGRAMS AND SERVICES THAT ARE PROVIDED, AND DESCRIBE EACH IN ONE SENTENCE. THIS WILL GIVE THE FUNDER AN OVERVIEW OF YOUR ORGANIZATION/GROUP)

A5. ☐BOARD OF DIRECTORS: (INCLUDE THE NAMES, ADDRESSES AND PHONE NUMBER OF YOUR CURRENT BOARD OF DIRECTORS IF APPLICABLE.)

## PART B WHAT YOU ARE REQUIRING FUNDING FOR....

**Please complete the following.** Your organization/group may not have some of the information, so if it is not available, please indicate "N/A". Please keep this information brief in order to facilitate funder review.

NAME OF THE PROGRAM/PROJECT/SERVICE/INITIATIVE:

- B1. PURPOSE OF THE PROGRAM (WHAT IT IS INTENDED TO DO, HOW WILL IT ASSIST THE TARGET POPULATION?)
- B2. TARGET POPULATION/GROUP (WHO WILL BE SERVED? WHERE ARE THEY LOCATED GEOGRAPHICALLY? |
- B3. COMMUNITY NEED (WHY IS THERE A NEED FOR THIS PROGRAM IN THE COMMUNITY AND HOW HAVE YOU DETERMINED THIS NEED? WHAT IS THE NEED? WHAT DEMOGRAPHIC INFORMATION OR STATISTICS SUPPORT THE COMMUNITY NEED? ARE OTHERS IN THE COMMUNITY OFFERING A SIMILAR PROGRAM?)
- B4. COMMUNITY PARTICIPATION (WHAT RESOURCES, STRENGTHS OR ASSETS ALREADY EXIST THAT YOU CAN BUILD ON? WHAT PARTNERSHIPS, LINKAGES OR NEW DIRECTIONS (THAT YOU CAN BUILD ON) ARE IN YOUR COMMUNITY? HOW WILL VOLUNTEERS BE INVOLVED IN THIS PROGRAM? WHAT OPPORTUNITY WILL THERE BE FOR CLIENTS TO PARTICIPATE IN THE PLANNING AND DELIVERY OF THIS PROGRAM?).
- B5. OBJECTIVES (WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROGRAM THAT RELATE TO THE FUNDING THAT YOU ARE REQUESTING THIS YEAR?).

B6. FITTING YOUR MISSION/MANDATE (HOW DOES THIS PROGRAM FIT YOUR OVERALL ORGANIZATIONAL/GROUP'S MISSION/MANDATE AND HOW DOES IT RELATE TO YOUR ORGANIZATIONAL/GROUP GOALS?).

OR

IF THIS APPLICATION IS ON BEHALF OF A PARTNERSHIP OR CONSORTIUM, HOW DOES THE PROGRAM FIT THE APPLICANT'S MANDATE AND GOALS?

B7. HOW WILL IT OPERATE (GIVE A DESCRIPTION OF HOW THE PROGRAM WILL OPERATE. HOW MANY STAFF WILL BE INVOLVED; WHAT QUALIFICATIONS DO YOU REQUIRE? ARE THERE ENTRY REQUIREMENTS TO THE PROGRAM? IF SO, WHAT ARE THEY? WHERE WILL THE PROGRAM OPERATE FROM?).

B8. MEASUREMENT TO ENSURE ACCOUNTABILITY (HOW WILL YOU KNOW IF YOU HAVE BEEN SUCCESSFUL WITH YOUR TARGET POPULATION? WHAT MEASURES WILL YOU USE AND WHAT WILL THEY TELL US ABOUT OUTCOMES? HOW WILL YOU REPORT TO THE FUNDER? (I.E. MONTHLY).

## FUNDING

B9. WHAT TYPE OF FUNDING REQUIREMENT DO YOU REQUIRE (ONE TIME OR MULTI YEAR)?

B10. INDICATE ANY OTHER FUNDERS FOR THIS PROGRAM. WILL YOU BE FUNDRAISING FOR PART OF THE OPERATING EXPENSES, AND IF SO, HOW MUCH? (OPERATING EXPENSES INCLUDE BOTH ADMINISTRATION AND PROGRAM COSTS)

B11. PROVIDE A BUDGET SPECIFIC TO THE PROGRAM/PROJECT/SERVICE, INITIATIVE YOU ARE REQUESTING FUNDING, AND INDICATE VERY CLEARLY HOW MUCH FUNDING YOU ARE REQUESTING.

- **Please provide financial statements**
- The Rotary Club of High River **will typically not consider applications for deficit funding of projects**
- **Grant packages must be completed, prior to consideration for funding**
- **Please do not provide unnecessary information.**

## DECLARATION OF INTENT:

(to be completed by a signing authority of your organization)

As the applicant, I declare that if awarded funding by the Rotary Club of High River it shall be used solely and explicitly for the purposes stated in this application and in accordance with the statement of expenditure (budget) as submitted and approved. Any portion of the grant funds not used for these purposes, or any portion not required to complete the project or meet the described objectives, will be returned to the Rotary Club of High River.

***I agree to provide, within 60 days of project completion:***

- ***a report detailing the use to which the funds were applied.***
- ***copies of all publicity and/or printed materials associated with the project***
- ***a detailed statement of revenues and expenditures***
- ***any other relevant information as may be required by the Rotary Club of High River***

Applicant signature: \_\_\_\_\_

Print name and position: \_\_\_\_\_

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_ 20\_\_\_\_