

Rotary Club of Lethbridge Sunrise Community Services APPLICATION FOR FUNDING 2019-20

The Rotary Club of Lethbridge Sunrise welcomes Applications for Funding for the 2019-20 year based on the following:

Theme: Building the resiliency, health and well-being of children and youth of Lethbridge

Consideration will be given for **one-time funding** programs /projects according to the following criteria:

1. Operated through a non-profit organization excluding religious organizations
2. Financially viable organization
3. Proven track record in program/project design and their successful implementation. Program/project has likelihood of succeeding.
4. Operated through policy of the Board of Directors This focus will be on prevention and early intervention strategies that are evidence based and or emerging practice
5. Plan anticipates positively impacting the health and well-being of children and youth.
6. Program will build the resiliency and support the Developmental Assets of children and youth
7. Budget is reasonable and there is a commitment to demonstrate the use of the funding
8. Organization willing to provide a brief report to the membership on the outcomes/results of the allocated funding; and
9. Funding for capital expenses is preferred and will also consider one-time seed funding for operational costs of a new program/project.

Requirements: Completed Application for Funding as below. Applications will be accepted based on the full completion of submission package and the required information. Late submissions will not be accepted. Contact Diane Randell, Chair, Community Services, for additional information at randdi2@icloud.com

Please complete all the information included on this form and attach any additional documents as required. Please mail/deliver the completed package to the Rotary Club of Lethbridge Sunrise, Corporate Office, Chancery Court, 110, 220 4 St. S. Lethbridge, AB, T1J 4J7. **DEADLINE 4:00PM Dec. 15, 2019**

Date of Completion _____

**Name of Proposed
Funded Project** _____

**Amount of Funding
Requested (Attach
Budget and most
recent Financial Audit)**
\$ _____

**Anticipated Length of
Funding** _____

**Rotary Club of Lethbridge Sunrise Community Services
APPLICATION FOR FUNDING 2019-20**

Name of Organization _____
Submitted by _____
Phone _____
Email _____
Address _____
City/Postal Code _____

Program Description (Please describe the purpose, need for and anticipated outcomes of the program including how the program meets the Theme for Community Services and the Funding Criteria (see above). Please do not exceed 2 pages).

