**Rotary Club of Sarnia Bluewaterland**

**Community Service Grant Application**

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

**Application Number (Supplied by Rotary after submission):\_\_\_\_\_\_\_**

**ORGANIZATION NAME:**

**Charity Number:**

**Year group/organization established\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Name/Title/Contact information:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**General Information**

Past funding received Y/N:\_\_\_ Y\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please note a year’s break is needed after 3 years or 3 cycles of funding)

**NAME OF PROJECT**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Objective & Mission:**

1. What is your organization’s publicly stated mission/objectives and how does this request support this mission?
2. Describe the event or project, goals, cost estimate, budget, and time line for completion.

**Focus:**

1.How does this project correlate to Rotary’s areas of Focus? (see below)

**The five areas of focus of the Rotary Club of Sarnia Bluewaterland are:**

**EDUCATION / LITERACY– We support projects / programs directed towards elementary and secondary education.**

**ENVIRONMENT - We support conservation efforts for wildlife and natural resources.**

**SCHOLARSHIPS – We provide financial assistance for post-secondary education for Sarnia-Lambton students.**

**BASIC NEEDS – We support programs / projects directed at alleviating hunger and suffering for our neighbours with limited resources.**

**PATIENT SERVICES – We support programs which assist patients in human health related areas.**

**Service Impact:**

 1.Who will benefit from this project/program?

2.Describe how your results will be measured. (Post-Grant Report required 6 months after Grant awarded)

3.How will Rotary’s contribution be recognized?

**Organization/Fiscal Management:**

1. Indicate other funding you have received or anticipate to receive for this project.
2. Please provide a copy of your organization’s financial statement.

 **Sustainability:**

1. Describe the make up of your Governing Board.
2. What are your usual sources of income? (United Way, Trillium, Government funding etc)
* **Thank you for your submission**
* **You will be notified upon receipt of your application**
* **Post-Grant Reports that are returned will ensure future consideration.**
* **Please make all submissions via email to:** **RotaryBWLCommunityService@gmail.com**