****

**Large Grant Application**

If your organization would like to submit a request for **funding of more than $5,000**, please complete this application form. Please submit the completed & signed application to: [request@rotarystratford.com](mailto:request@rotarystratford.com)

Or mail to: **The Rotary Club of Stratford, P. O.  Box 23025, Stratford PO Main, ON N5A 7V8**

A member of Rotary’s Request committee will contact you within two weeks of receiving your application with further questions, if needed. Please note that requests take 30-90 days to process.

1. **Applicant Information**

**1.1 Contact Details**







**Name of Proposed Project:** Click here to enter text.

**Name of Project Leader:** Click here to enter text.

**Name of Organization:** Click here to enter text.

**MAILING ADDRESS:**

**Street:** Click here to enter text.

**City/Town:** Click here to enter text.

**Postal Code:** Click here to enter text.

**Telephone Day:** Click here to enter text. **Telephone Night:** Click here to enter text.

**E-Mail:** Click here to enter text. **Fax:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Names of all Project Partners** | | | |
| **Contact Person** | **Organization Name and address** | **Telephone** | **E-Mail** |
| Click | Click here to enter text. | Click. | Click. |
| Click | Click here to enter text. | Click. | Click. |
| Click. | Click here to enter text. | Click. | Click |

* 1. **Which Type of Organization are you ?**

Incorporated not-for-profit  School  Unincorporated community group

Other -- Click to describe organization if Other chosen above

*\*Please attach a list of your organization’s Board of Directors, including contact information.*

**1.3 Which sector(s) does your project serve?**

Arts, culture, heritage  Environment Health

International Seniors Children, Youth

Education, literacy Recreation Poverty Alleviation

Other – pls explain Click here to enter text.

**1.4 State the mission/purpose of your organization**.

Click here to enter text.

**1.5 When was your organization founded?**

Click here to enter text.

**2. Project Information**

**2.1 Proposed start and end dates of the proposed project:**

Click here to enter text.

**2.2 Where will this project be located?**

Click here to enter text.

**2.3 Please give us a description of the project (maximum 500 words).**

Click here to enter text.

**2.4 What do you expect to achieve from this project?**

Click here to enter text.

**2.5 What is the project workplan? In other words, what will you be doing to implement your proposed project? Please attach your workplan if more space is needed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | | **When will this happen?** | **What will result from this activity?** |
| 1 | Click here to enter text. | Click | Click here to enter text. |
| 2 | Click here to enter text. | Click | Click here to enter text. |
| 3 | Click here to enter text. | Click | Click here to enter text. |
| 4 | Click here to enter text. | Click | Click here to enter text. |

**2.6 Will this project require future support? If yes, what is the support needed and how will this be provided?**

Click here to enter text.

**2.7 Is another organization doing something similar? If yes, please provide the name of the organization and a short summary of the activity.**

Click here to enter text.

**2.8 Does your project relate to one or more of Rotary’s ‘Six Areas of Focus’? If yes, please explain how.**

|  |  |
| --- | --- |
| **Objective** | **How does your proposed project relate?** |
| Basic education and literacy | Click here to enter text. |
| Peace and conflict prevention/resolution | Click here to enter text. |
| Disease prevention and treatment | Click here to enter text. |
| Water and sanitation | Click here to enter text. |
| Economic and community development | Click here to enter text. |
| Maternal and child health | Click here to enter text. |

**3. Financial Information**

*\* Please attach your organization’s financial statements for the last two years.*

**3.1 Are you a Registered Charitable Organization? If yes, please provide the Charitable number:** Click here to enter text.

**3.2 Have you received a grant from us before? If yes, when and for what?**

Click here to enter text.

**3.3 Have you applied to other sources for funding? If yes, list all sources being approached and the amounts involved.**

Click here to enter text.

**3.4 Please complete the budget chart below. Attach spreadsheet if needed.**

|  |  |
| --- | --- |
| **Projected Costs**  List each cost. Also show how the total cost is calculated e.g. 6 widgets x $10 each = $60 | **Total** |
| 1.Click here to enter text. | Click |
| 2.Click here to enter text. | Click |
| 3.Click here to enter text. | Click |
| 4.Click here to enter text. | Click . |
|  |  |

**3.5 What is the amount of funding you are requesting from the Rotary Club of Stratford?**

Click here to enter text.

**3.6 Who will do the financial management for the proposed project?**



Click here to enter text.

**4. Acknowledgement**

**If your grant application is successful, how will you acknowledge the support provided by the Rotary Club of Stratford Charitable Foundation?**

Click here to enter text.

**5. Certification**

**We certify that the information given in this application is true, correct and complete to the best of our knowledge, and that we are authorized to sign on behalf of our organization (two signatures required).**

Name & Position (please print) Signature Date

Name & Position (please print) Signature Date

**\*\* Please attach a copy of your organization’s current budget and most recent financial statements**

**to this application.**