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| **ROTARY CLUB OF KAMLOOPS**  **AURORA CENTENNIAL** | | | | | |
| **REQUEST FOR FUNDS** | | | | | |
| Submit the original and one copy of this application to Rotary. Funding request approvals take between one and four months as the Board only meets once per quarter. Please refer to the end of this form for more information. For requests of **$500 or less**: complete section **A**  For requests of **$501 to $2,499**: complete section **A & B**  For requests **over $2,500**: complete sections, **A, B, C, & D**  For **Volunteer Requests**: complete sections, **A, B, & D**  **Please note that if BC Gaming funds are used there is a restriction on where the monies are to go. We are unable to provide funding for travel, accommodations or anything out of the BC Province.**  Please note that for all successful funding requests you will be required to attend one of our breakfast meetings to accept a cheque. The Rotary Club of Kamloops Aurora Centennial meets every Tuesday morning at 7:00am at the Thompson Rivers University, Campus Activity Centre, Room 130 Kamloops B.C. **(P.O. Box 3201, Kamloops, B.C., V2C6B8)**. If your application is successful, a member of the club will contact you to make arrangements.  You may type directly into this document and print for submission OR  you may save and email to any Rotary member | | | | | |
| **A. FUNDING INFORMATION** | | | | | |
| *(must be typed or printed legibly)*  **Organization/Program:** Choose an item. | | | | | |
| **Contact Person:** Choose an item. | | | | | |
| **Phone:** Choose an item. | | | | **Email:** Choose an item. | |
| **Address:** Choose an item. | | | | | |
| **City:** Choose an item. | | | | | |
| **Province:** Choose an item. | | | | | |
| **Postal Code:** Choose an item. | | | **Web Page:** | | Choose an item. |
| **Project / Funding Request Summary:**  Please remember to include ANY information you think might be relevant. *Who will this help, what is this going towards, will volunteers as well as funds be needed, etc. Please attach any additional information you might think will be helpful in making our decision.* | | | | | |
| *Explain here*: Choose an item. | | | | | |
| **Recognition: Please include what recognition or P.R. is organized for this event/project and what recognition will be given for this donation.** *Please note that recognition might simply be announcing us as a sponsor at the event or including our name in a newsletter, we do not want you to waste money on unnecessary advertising.* | | | | | |
| Choose an item. | | | | | |
| Have you been Previously funded by Rotary? | (Yes / No)  Choose an item. | If Yes: *(indicate Date and Explain)*  Choose an item. | | | |

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| **B. REQUEST SUMMARY** | | | | |
| *Please remember to include ALL expenses associated with the programs referenced in this application,*  *not just those funds being requested. Please attach a separate sheet if necessary.* | | | | |
|  | Total Budget | **Amount Contributed by your organisation** | Amount Requested |  |
| Supplies | Choose an item. | Choose an item. | Choose an item. |  |
| Labour | Choose an item. | Choose an item. | Choose an item. |  |
| Promotion and Publicity | Choose an item. | Choose an item. | Choose an item. |  |
| Travel and Lodging | Choose an item. | Choose an item. | Choose an item. |  |
| Donation toward grand prize | Choose an item. | Choose an item. | Choose an item. |  |
| Other: Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
| Other: Choose an item. | Choose an item. | Choose an item. | Choose an item. |  |
| **Total** | Choose an item. |  | Choose an item. |  |
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| What other partnerships will be required to make this project | Choose an item. | | | |

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| **C. DETAILED EXPENSES** | | | | | | |
| *(must be typed or printed legibly)* | | | | | | |
| Please attempt to describe each potential or planned event/program. Any costs detailed in this section, which are NOT being requested from Rotary, should also be listed and explained. Please indicate the total amount anticipated for each line item in the first column, the amount requested in the second column, and a brief explanation of the costs under each. Please try to limit your explanation to the space provided. Attach additional documentation as necessary. | | | | | | |
| Conference Registration Fees | | **Cost:** | **$** Choose an item. | | **Requested:** | **$** Choose an item. |
| Explanation (name conference, site, dates, number of attendees): Choose an item. | | | | | | |
| Facility Charges | | **Cost:** | **$** Choose an item. | | **Requested:** | **$** Choose an item. |
| Explanation (rental, tech., set-up fees, security, etc.): Choose an item. | | | | | | |
| **Promotion and Publicity** | | **Cost:** | **$** Choose an item. | | **Requested:** | **$** Choose an item. |
| Explanation (advertisements, promotional flyers, novelty items, etc.): Choose an item. | | | | | | |
| Speaker/Performers Fee | | **Cost:** | **$** Choose an item. | | **Requested:** | **$**Choose an item. |
| Explanation (include speaking fee, travel, lodging, meals): Choose an item. | | | | | | |
| **Supplies** | | **Cost:** | **$**Choose an item. | | **Requested:** | **$**Choose an item. |
| Explanation (include only those supplies needed for this specific request): Choose an item. | | | | | | |
| **Travel and Lodging** | | **Cost:** | **$**Choose an item.**.00** | | **Requested:** | **$**Choose an item.**.00** |
| Explanation (airfare or auto, hotel expenses, etc.): Choose an item. | | | | | | |
| **Other** | | **Cost:** | **$**Choose an item. | | **Requested:** | **$**Choose an item. |
| Explanation: Choose an item. | | | | | | |
| **Total Cost:** | **$** Choose an item. | **Total Requested:** | | **$** Choose an item. | | |

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| **D. QUESTIONS AND ANSWERS** |
| *(must be typed or printed legibly)* |
| Please answer the questions below in the space provided. Attach additional documentation as necessary. |
| **Briefly describe the nature and purpose of the program/organization for which you are requesting funds.** Explain here: Choose an item. |
| **Describe the impact of your activity on the persons involved and the community as a whole.** (e.g. will the finished project be available to the Community?) |
| *Explain here:* Choose an item. |
| **If you have received Rotary funding in the past, please describe the activities and their results.** |
| *Explain here:* Choose an item. |
| **Please provide a tentative schedule of events, and indicate all activities for which you are requesting funding. (Attach a separate schedule is necessary)** |
| *Explain here:* Choose an item. |
| **If you are requesting funds for a speaker or performer, please list possible names of presenters and potential dates of appearance. Attach any information you may have about the presenter/performer (i.e. promotional flyer, credentials, etc.).** |
| *Explain here:* Choose an item. |
| **Please describe all funding and/or support you have obtained for any of the above items. Include all sources of funding (i.e. membership dues, donations, gifts-in-kind, admission fees, B.C. Gaming Funds, requests to other groups, etc.).** |
| *Explain here:* Choose an item. |
| ***Have you prepared a Business Plan for your Project? If so, please attach a copy.***  *Yes / No*  ***How will you sustain the results you are expecting?*** Choose an item. |

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| ***Project Evaluation Procedure:***  ***The typical process for a funding/project request is:*** |
| * *Project requests are reviewed each quarter (September, December, March, June) Note our year end is June, so requests received in that period may be delayed.* * *The cut-off date for funding requests that will be reviewed that quarter is the 20th of the quarter-end month. Requests received after that date will be reviewed in the following period.* * *The Funding Committee reviews the applications between the 20th and the end of each quarter-end month.* * *Recommendations are forwarded to the Board of Directors who typically meet in the first week of the following month.* * *Projects that are approved by the Board are sent back to the Committee so the applicants can be notified. Projects that are not approved are sent a letter from the Committee Chair. If more information is required, your application may be tabled until the following month.*   ***For example:*** *a request received on May 15th will not be reviewed by the Committee until June. The Board may make a decision on or about the first week of July. If a decision is made at that Board meeting, you can expect to be notified on or about July 25th.* |

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| ***For Official Use Only – Do Not Write Below This Line*** | | | | | | | |
| Applicable for Gaming Funds | Choose an item. | | | | | | |
| Confirmation letter from Gaming | Yes: ⬜ | Date Received  Choose an item. | | | | | |
| Club Funding Priority | Youth at Risk  Choose an item. | | Literacy  Choose an item. | Poverty  Choose an item. | Seniors  Choose an item. | Environment  Choose an item. | Health  Choose an item. |
| Evaluation of Success: | Choose an item. | | | | | | |
| Recommended Dates & Hours for Volunteer work: | Choose an item. | | | | | | |
| Tools or Supplies needed by Volunteers: | Choose an item. | | | | | | |

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| Approved by the Board: Yes: ⬜ No: ⬜ Details/Amount? |