

## Denver Southeast (DSE) Project Proposal Form

**Project Name:**

**Date:**

**Mark box ☒ for Applicable DSE Committee: [ ] Community [ ] International**

**Requesting Rotary Club:**

**Contact Name:**

**Email:**

**Phone:**

**Requesting Organization (if applicable):**

**Non-profit status—501(c)(3): [ ] YES [ ] NO**

***Please attach: 1) a copy of the IRS exemption letter approving exempt status, 2) the most recently filed Form 990 and 3) a copy of the most recent financial statements.***

**Contact Name:**

**Email:**

**Phone:**

**DSE Champion:** Please identify the name of the DSE champion and indicate if they have read and are willing to accept the responsibilities of this role.

**Contact Name:**

**Email:**

**Phone:**

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**Project Description:** Please describe what type of project this is (e.g., WASH, Educational); the scope of the project; how the participants/community will be involved in supporting and how the project will build capacity and sustainability with individuals, partnering organizations, and the community, to achieve the project's objectives (named here).

**Beneficiaries:** Please describe the number of direct beneficiaries and any indirect benefits to the surrounding communities.



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**Monitoring and Evaluation:** Please describe the steps that will be taken to determine if the project is on track during its implementation and how the desired outcomes of the project will be evaluated at project completion?

**Volunteer Opportunities:** Please describe the type of volunteer opportunity afforded by this project, the number of volunteers desired, when needed, and for how long.

**Financing:** Please explain why this is either a one-time, repeat, or signature project.

**Type and amount of funds requested (U.S. dollars):**

**Denver Southeast (DSE) cash:**

**District Designated Funds (DDF):**

**International Global Grant (GG):**

**Total project cost:**

**Total annual budget of recipient organization:**

**Estimated Project start date:**

**Estimated Project end date:**



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### Recipient Organization:

Name of recipient organization for check:

Mailing address of recipient organization:

If applicable, Wire transfer information:

**Risk Assessment:** Would this project put members in direct contact with Youth or at-risk individuals as defined by Rotary? [ ☐ ] **YES** [ ☐ ] **NO**

**Potential conflict of interest:** Please explain the nature of the potential conflict of interest, if applicable, and how it will be addressed.

Please provide any additional information that would be helpful to the DSE committee in determining funding for this project.