**TEAM SUPPORT AWARD APPLICATION**

The purpose of the TEAM Support Award is to fund organizations who are actively partnering together in order to provide services or expand programs. Completed application should be emailed to [lithrotarygrants@gmail.com](mailto:lithrotarygrants@gmail.com) Application deadline is April 28, 2023 at 5pm.

**Who are your active partners?**

**Partner #1**

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about the purpose of your organization and who you serve:

**Partner #2**

Name of Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us about the purpose of your organization and who you serve:

If there are additional partners, attach a separate sheet listing the additional partner details.

**Proposal for the TEAM Support Award**

**TEAM Project Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project goal**:

**Project description:** Include the problem(s) being addressed by the project, the population to be served and its characteristics, when and where the project will take place, project goals and expected outcomes/results to be achieved.

**How are you working together to have more impact?**

**Summary of how the funds will be used**:

**Detailed roles each partner will hold during the implementation of this project:**

**Project outcome and how you will measure success**

**Have any of the partners received funding from the Rotary Club of Lake in the Hills before?**  Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

**Are any Rotary Club of Lake in the Hills members affiliated with your organizations or receiving payment from your organizations?** Yes\_\_\_\_ No \_\_\_\_

If yes, please list name(s):

**Is the project (check one):**

New\_\_\_ Expansion of current project \_\_\_\_\_ (which partner) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who will be the contact person for this project?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Wade Merritt at [wade.merritt10@gmail.com](mailto:wam5432@msn.com) or Becky Welter at [lithrotarygrants@gmail.com](mailto:lithrotarygrants@gmail.com)

All documents are also available at [www.lithrotary.org](http://www.lithrotary.org)