**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 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 or Becky Welter at lithrotarygrants@gmail.com

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