Rotary Club of La Crosse: Project Proposal Form

Submit to the Club Administrator no later than noon the first Monday of each month to be included with Board materials. Proposed projects must be initiated and implemented by a member or Committee of the Rotary Club of La Crosse.

Date				
Proposed By (name of committee or member)				
Project Lead Name and Contact Information (phone and email)				
Project Description				
Project start date Project end date				
Type(s) of Support Being Requested				
Board Endorsement				
Volunteer Support				
Other, Describe				
Note: Our annual club budget does not include funds for new projects. Information abo Rotary grant resources is listed below.	ut			
Project alignment area. Rotary is dedicated to the focus areas listed below. Please indicate which area the project aligns with.	,			
Peace and conflict prevention/resolution				
Disease prevention and treatment				
Water and sanitation				
Maternal and child health				
Basic education and literacy				
Economic and community development				
Other, Describe				

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Impact is:	Local	National	International	
Describe the project. Include who, what, when, why, where, and potential impact.				
Provide a timelir	ne for th	is project:		
Does this project			No	
Does this project	. require	runung: res	NO	
If yes, what is the plan to raise the needed funds? Please include anticipated cost and				
potential revenue sources.				
Will project be requesting money from the following sources?				
YES	NO	Rotary Works Foundation <u>ht</u>	tp://www.rotaryworksfoundation.org/	
YES	NO	Rotary District 6250 http://v	www.rotary6250.org/grants	
YES	NO	Rotary International Founda		
		https://www.rotary.org/en/	our-programs/grants	
Please be aware that each Rotary grant source has different application forms, processes, timelines and criteria.				
For Board of Directors Use				
Project Accepted	:	Yes No		
Date:				
Proposer notified of decision on:				