**For Rotary Budget Year**

**July 2022 – June 2023**

*Medina Sunrise Rotary Club Mission: Committed to* ***making a difference in the lives of children in our community and beyond*** *through our time, talents, and treasures.*

|  |  |
| --- | --- |
| **Organization Information** |  |
|  |  |
| Organization Name and Address |  |
|  |  |
| Contact Name, Title, Phone and Email |  |
|  |  |
| Organization's mission | *Character limit: 200* |
|  |  |
| Tax ID Number |  |
|  |  |
| Organization's major funding sources | Please include any government, foundations, individual and United Way support by percentage.*Character limit: 100* |
|  |  |
| Evidence of organization's overall effectiveness | *Character limit: 200* |
|  |  |
| **Proposal Summary** | Please relate to Medina Sunrise Rotary’s Mission as appropriate |
|  |  |
| Project name and amount requested |  |
|  |  |
| Project description | Please provide a one-paragraph summary of your program/project. This area may be seen by other potential funders, so please include the most important aspects of your request. *Character limit: 100* |
|  |  |
| Type of Request | Capital /Capacity-building / Operating / Program / Project / Other (if other, please specify. Character limit: 50) |
|  |  |
| Total budget for this program/project | Please use organizational budget if this is a request for operating funds. |
|  |  |
| Total number of people to be served under this program/project |  |
|  |  |
| Anticipated program/project start date |  |
|  |  |
| Anticipated program/project end date |  |
|  |  |
| Requested Date(s) for Funds Reciept |  |
|  |  |
| Describe how your organization will partner with other agencies and/or community collaborations | *Character limit: 100* |
|  |  |
| What is the challenge or need that will be addressed and how will the community benefit? | *Character Limit: 100* |
|  |  |
| **Goals, Outcomes and Evaluation** |  |
|  |  |
| Brief description of goals and objectives for program/project | *Character Limit: 100* |
|  |  |
| Specific, anticipated outcomes of program/project | If a funding is received, you will be required to report your progress toward these outcomes.*Character Limit: 100* |
|  |  |
| Evidence of use of best practices (optional) | For example, is this program/project based on a program that has been shown to be effective in other settings? Is it based on national standards?*Character Limit: 100* |
|  |  |

|  |  |
| --- | --- |
| **Funding Plans** |  |
|  |  |
| List of other funders to whom this proposal has been and will be submitted |  |
|  |  |
| If this will be an ongoing program/project, describe plans for continued funding |  |

|  |  |
| --- | --- |
| **Signatures** |  |
| Person Requesting Funds: |  |
| Phone Number: |  |
| Signature: |  |
| Date: |  |