Sunrise Project Proposal Form

All projects in the Sunrise Rotary Club need to be agreed as appropriate and right for our Club to do. This way we get to participate in projects that are great most of the time.

Please fill in the details below and pass this project to one of your Avenue of Service Directors. They will either give you the go ahead or pass it on to the Board of Sunrise for their go ahead if it is a sizable project that will impact on other Avenues of Service significantly.

Project Title:

Type:

* One off Event or Activity
* Multiple Events or Activities

Expected No. **\_\_\_\_\_\_\_\_\_\_\_\_**

Category:

* Local Community Service
* International Community Service
* General Fundraiser Goal: $**\_\_\_\_\_\_\_\_\_\_\_\_**
* Specific Fundraiser for **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Goal: $**\_\_\_\_\_\_\_\_**
* Other: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Project Description:

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* Approved by Service Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_\_
* Request Board Approval □ Yes □ No
* Submitted to Board on: \_\_\_/\_\_\_/\_\_\_\_\_\_
* Approved by Board: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_\_

Club Resource Assessment:

* Total Volunteer hours \_\_\_\_\_\_\_\_\_\_ (your best estimate)
* Free resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Paid resources \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount: $\_\_\_\_\_\_\_\_\_\_\_ (your best estimate)

* Other Clubs or Community Groups Involved? □ No □ Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Events/Activities in the 2 weeks prior \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other Events/Activities in the 2 weeks after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director:

Date:

Proposer:

Avenue of Service: