



**Rotary Club of Rotorua North
APPLICATION FOR FUNDING**

Name:		
Address:		
Contact Details:	Telephone:	Cellphone:
	Email:	

Purpose or Project for Grant:		
Who benefits from what you propose and what are the expected results / outcomes for project:		
How will this benefit the local Rotorua community?		
How will you acknowledge our contribution if you are successful?	<i>E.g. Signage / Advertising / Demo or presentation to Club Meeting</i>	
Project completion date:	Date: OR On-going purpose: YES / NO (please circle)	
Amount sought:	\$	Amount to be contributed by your own organisation: \$
Please supply:	If under \$2,000 please supply project or annual budget. If over \$2,000 please supply budget and latest audited accounts.	
Has the Rotary Club of Rotorua North assisted prior to this application?	List details	
Have you approached other funders (name them and if you were successful or not). Who else will you be approaching?	YES / NO (please circle) If YES please list and state amount:	
Other information that would be helpful. Please	Your organisation office holders if applicable: (name and title eg Joe Bloggs President)	

attach any relevant documents.	No of Employees: No of Volunteers:	
Names and contact details for two referees, not associated with your organisation who can vouch for the organisation.	Referee 1:	Referee 2:
How did you find out about applying to Rotary?		
Are you/your organisation affiliated to a National Body?	YES / NO (please circle) If YES, please name:	
Do you/your organisation receive Government Funding?	What Department(s): What level/amount?	
Are you/your organisation a Registered Charity?	Charities Commission Registration Number:	
A condition for a successful application is that a presentation is made to the club at a convenient time to both parties. Please confirm this can be done:	YES / NO (please circle)	
A condition for a successful application is that the information may be used by the club for publicity or promotional purposes. This includes a photo opportunity. Please confirm your agreement to this:	YES / NO (please circle)	

Name of person completing this application	
Position held	
Date	

NOTES

- If we require clarification or further detail, we will be in touch.
- If you are successful, we will require the bank details for direct payment.
- We reserve the right to make our own enquiries.
- The club’s decision is final and no correspondence will be entered into.
- Attach a separate page if you have any additional details to include.

Please send the application electronically. Email to: rotoruanorthrotary@gmail.com

CHECKLIST of ATTACHMENTS	Tick one	
	Yes	N/A
Project Summary Document		
Project Budget		
Audited Annual Accounts		
Other Supporting Information		

FOR CLUB USE ONLY:			
Date Received:		Date acknowledged:	
Committee referred to:		By whom:	
Committee recommendation:			
If recommending to approve – any special conditions:			
Date of Directors meeting where discussed:		Directors': Approval or Decline:	
Amount approved:		Opportunity to speak to Club to be followed up by (club member):	
Written communication for Approval/Decline and any approval conditions to be completed (to include arrangement of payment if approved) – by whom:			
Follow-up to confirm use of funds – Who:		Follow up when:	