

# **Rotary Club of Kalamunda** Inc

**District 9423** 

## **COMMUNITY GRANT APPLICATION FORM**

Name of organization		Date of application	
Traine of organization			
Address of organization		Web address	
Postal address (if different from above)		Is your organization incorporated? YES/NO	
		'	LS/NO
Contact name	Contact phone number(day)		Contact phone number (after hours)
number(c		(unter flours)	
Email address:			
Type of Organisation (tick one or more)  Sporting Supporting the community Youth Activities Arts Other			
If other please describe			
What year did your organization first start?			
How does your organization support the community?			
What are your main activities?			
Do you receive funding from other organizations? If so where? How much and how often.		\$	
How much money has been raised by your organization in the last 12 months?			\$
How much funding are you requesting from Rotary?		\$	

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If you were successful what would the funds be used for?
How will this benefit the community?
How would you know if your project was successful?
How would you be able to promote Rotary? ie advertising, signage
How did you hear about Rotary Kalamunda Community Grants? (please tick)  Email  Word of mouth  Other (if so where)
Have you been engaged with or received funds from any other Rotary club if so which one and when? YES/NO Rotary Club
Are you available to be a guest speaker at a Rotary Club meeting? YES/NO

You may attach additional pages in support of your application.

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## Rotary Club of Kalamunda Inc

**District 9423** 

#### **ROTARY KALAMUNDA COMMUNITY GRANTS**

#### 1. BACKGROUND

Rotary Kalamunda invites suitable applicants to apply for a Community Grant(Grant) of up to \$20,000 for a new or an existing project or initiative.

#### 2. WHO CAN APPLY?

Applicants are required to meet the following criteria:

- currently provide a service which helps the Kalamunda Shire community,
- is a Not-for-Profit organization,
- is active in their own fundraising activities,
- does not receive major funding from other sources,
- aligns with either Youth, Health or Education
- can identify a particular project or initiative they have commenced or have planned to commence, and can
- identify key performance indicators for the success of the project.

Successful applicants are required to:

- expend the funds within 12 months,
- promote Rotary through press coverage at the time the grants are presented.
- acknowledge Rotary Kalamunda on any printed or electronic material produced for the funded project
- provide an acquittal report including brief evaluation of the project to Rotary Kalamunda within 12 months of receiving the Grant.

#### 3. HOW TO APPLY

Grant application forms are available on the Rotary Kalamunda website www.rotarykalamunda.org Only applications presented on the Grant application forms will be considered.

Applications to be emailed or posted to:

Director of Community Services Rotary Kalamunda PO Box 77, Kalamunda, WA 6926 Email: secrck23@outlook.com

Applications received by the closing date, will be reviewed against the Grant Criteria, by the Rotary Kalamunda Community service committee. One or more applicants may be selected to receive a Grant.

#### 4. CLOSING DATE

Application must be received on or before 30th April.

Successful applicants will be advised by mid July.