



## APPLICATION FOR FUNDING

Applications must be made in writing using this Application Form and submitted either by e-mail to: [info@comoxrotary.ca](mailto:info@comoxrotary.ca) or by mail to: The Rotary Club of Comox, Box 1252, Comox. BC. V9M 7Z8.

Applications are evaluated by a Committee of the Board of Directors of the Club within one month of receipt. Further information may be requested by the Committee and a funding decision will usually be made within 60 days. **TIMING:** Since the Rotary budget years runs from July 1<sup>st</sup> to June 30<sup>th</sup> each year, Applicants are encouraged to submit their applications well before May, wherever possible.

Our Objective is to make a positive impact in our community with emphasis on humanitarian needs, the needs of young people and our elders, preserving our environment and public safety. Since a significant portion of the funds available for donation by The Rotary Club of Comox are derived from lottery proceeds, preference will be given to requests that comply with BC Gaming guidelines. Please refer to: <http://www2.gov.bc.ca/assets/gov/sports-recreation-arts-and-culture/gambling/grants/info-sheet-service-club.pdf>

Applications must:

- Clearly identify the purpose, background and goals of the Applicant Organisation;
- Clearly identify the nature and purpose of the Project / Program;
- Clearly identify how it fits with the funding Objectives of The Rotary Club of Comox;
- Identify how it will positively impact our community;
- Identify how the level of success of the Project / Program will be assessed;
- Where possible, identify other potential sources of funding (Provide a Budget);

### APPLICATION FORM:

Organisation name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact e-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Are you a Not for Profit Organisation?  Yes / No

Are you a Registered Charity (Not a requirement)?  Yes / No

Board of Directors' contact person: Name: \_\_\_\_\_

e-mail: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_

**PROJECT TITLE:** \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Total cost of the Project / Program: \$ \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

**YOUR ORGANISATION'S MISSION & MANDATE:**

**DESCRIPTION OF PROJECT / PROGRAM:**

Describe the need(s) to be addressed, the target population, the overall goal, the location, the timing and the resources required. Will there be an opportunity for Comox Rotarians to be directly involved?

**PROJECT / PROGRAM OUTCOMES:**

How will the Project / Program be monitored and evaluated? How will you measure the Outcomes?

**SUSTAINABILITY:**

How will this Project / Program be funded and sustained in the future?

**BUDGET:**

(If more convenient, please attach a prepared budget)

| <u>Sources of Funding</u>       | \$ |
|---------------------------------|----|
| <i>The Rotary Club of Comox</i> |    |
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| <b>TOTAL Funding:</b>           |    |

| <u>Project / Program Expenses</u> | <u>\$</u> |
|-----------------------------------|-----------|
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| <b><i>TOTAL Expenses:</i></b>     |           |

How do you plan to recognise the contribution of The Rotary Club of Comox?

Empty rectangular box for response.

**Attached Documents:**

- Latest Financial Statement (requests over \$2,500)
- List of Board of Directors (requests over \$2,500)
- Other attachments

**Signatures:**

| <b>Title:</b> | <b>Name:</b> | <b>Signature:</b> | <b>Date:</b> |
|---------------|--------------|-------------------|--------------|
|               |              |                   |              |
|               |              |                   |              |