ROTARY CLUB OF COLLINGWOOD – SOUTH GEORGIAN BAY

APPLICATION FOR FUNDING



***For further details on Rotary’s 7 areas of focus. Please visit:*** [***rotary.org/en/our-causes***](http://www.rotary.org/en/our-causes)

**Introduction & Instructions**

Through various fundraising initiatives organized each year in Collingwood, the Rotary Club of Collingwood South Georgian Bay (RCSGB) is able to distribute funds to help support projects and organisations within the community of Collingwood and internationally.

 Please review Rotary’s 7 Areas of Focus as presented in the above graphic to aid in determining your organisation’s fit for funding and to assist with your application.

 Applications for **summer** funding must be submitted before **March 30th**. All other funding applications must be in before **May 15th**.

Funding is not provided for capital or operating costs.

Please send completed application to **rotarysgb@totaleworks.net**

**DONATION REQUEST FORM**

1. NAME OF ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT INFORMATION:

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

Postal Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does your organization have Charitable Status Yes \_\_\_\_\_ No \_\_\_\_\_\_

If yes please provide Charitable Organization name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRA Charitable Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.DONATION REQUEST AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_

4.DESCRIPTION OF HOW DONATION WILL BE USED (upon acceptance Rotary may use your organization name and project used for funding):

5. DESCRIPTION OF PUBLICITY OR ADVERTISING THAT WILL PROMOTE ROTARY AND/OR THE DONATION:

6. DESCRIBE THE ANTICIPATED COMMUNITY BENEFIT

7. HOW IMPORTANT WOULD THE FUNDING BE TO THIS PROJECT AND TO YOUR ORGANIZATION?

Total Budget of the item where the donation would be used? $\_\_\_\_\_\_\_\_\_\_\_\_

Total Annual Fund-Raising Budget of your organization? $\_\_\_\_\_\_\_\_\_\_\_\_

8. Does your organization receive funding from any governmental agencies or other service clubs?

Yes \_\_\_\_\_\_ No\_\_\_\_\_\_\_

Please print the name of person signing and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of printed name above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

***Please feel free to provide any other information which you feel would assist in your application.***