|  |  |
| --- | --- |
| Name of Organization |       |
| Contact Person |       |
| Email |       |
| Phone |       |
| Mailing Address |       |
| Description of Need |       |
| Goals of the Project |       |
| Project Timeline |       |
| Total Budget for the Project |       |
| Budget Amount Requested |       |
| Which other organizations will be solicited to help/participate |       |
| How will the success of the project be measured? |       |
| If applicable, how will the project be sustained / maintained? |       |
| Have you received funding from the Rotary Club of Wiarton in the last 5 years? | Yes [ ] No [ ] If yes, please identify purpose(s) and amount(s).      |
| OFFICE USE ONLY | Lottery Funds: Yes [ ]  No [ ]  AMOUNT: $ CLUB APPROVAL DATE: |

Send Completed from to: wiartonrotary@gmail.com Please use ‘Appeals Committee’ in the Subject Line of the email

Or, if necessary, mail a hard copy of the Form to Appeals Committee, Box 422, Wiarton ON, N0H 2T0