|  |  |
| --- | --- |
| 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](mailto: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