|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Organization |  | | | Date |
| 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: | | | |