



## APPEAL APPLICATION FORM

Date:

Organization:

Contact Person:

Email:

Phone:

Mailing Address:

City:

Postal Code:

Website:

Cheque Payable to:

Project Title:

Description of Project:

Goals of Project:

Project Start Date:

Project End Date:

Total Project Budget:

Amount Requested:

What will the requested funds be used for?

Will the funds be used for operating costs?      YES      NO

What is the geographical area this project will serve?

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?

Is this a public or private project?      Public      Private

How many people will benefit from this project?

Please indicate which of the following Rotary Areas of Focus your project addresses:

Maternal & Child Health

Disease Prevention & Treatment

Economic & Community Development

Peace & Conflict Prevention/Resolution

Water & Sanitation

Environmental

Basic Education & Literacy

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Have you received funding from the Rotary Club of Wiarton in the past 5 years?

Yes

No

If yes, how much?

Date:

How will the Rotary Club of Wiarton be acknowledged or recognized for its support?

Additional Comments:

The Rotary Club of Wiarton will give priority to projects which align with the Areas of Focus:

1. Maternal and Child Health
2. Economic and community development
3. Water and sanitation
4. Basic education and literacy
5. Disease prevention and treatment
6. Peace and conflict prevention/resolution
7. Environmental

Activities **NOT** normally funded by Wiarton Rotary include the following:

- Intermediate Funding Agencies E.g. United Way
- National Charities
- Political Institutions
- Requests from outside our Geographical area
- Private Schooling
- Individual Recreation requests
- Ongoing Project Running Expenses
- For Profit Organizations
- High Risk Projects
- Organizations/Projects that have received a grant in the past 2 years unless part of an agreed programme of support (i.e. groups who have provided major assistance with the RC of Wiarton fundraising efforts.)

Requests for support of an individual will not normally be funded.

**SUBMISSION DEADLINES:** (Applications submitted after the deadline *may* be considered if there are still available funds.)

MONTHS FOR PAYMENT	DEADLINE FOR SUBMISSIONS
July, August, September	June 30 <sup>th</sup>
October, November, December	September 30 <sup>th</sup>
January, February, March	December 31 <sup>st</sup>
April, May, June	March 31 <sup>st</sup>

Please submit the completed form by email to [wiartonrotary@gmail.com](mailto:wiartonrotary@gmail.com) or mail to:  
Rotary Club of Wiarton, PO Box 422, Wiarton, ON N0H 2T0

OFFICE USE ONLY:	
Date received: _____	Fiscal Quarter: _____
Appeal Number: _____	Lottery Funds: <input type="checkbox"/> Yes <input type="checkbox"/> No
Club approval date: _____	Approved Amount: _____
Cheque number: _____	Cheque Date: _____
Comments: _____	