**DATE OF REQUEST:**\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| **Organization Name:**  | **Address:**  |
| **Contact Person:** | **Title:** |
| **Telephone** | **Email:** |

**REQUEST SECTION A: RECIPIENT ORGANIZATION**

**How many years has your organization operated in the Cranbrook area?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your organization is a subsidiary of another organization please provide the name of that organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark with X all the following that apply to your organization:**

|  |  |
| --- | --- |
| Deliver at least one program that benefits the community |  |
| Managed by a volunteer board |  |
| Not a for-profit business or an ancillary group sustaining a for-profit business **(STATE YOUR SOCIETY # IF RELEVANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)** |  |
| Not a Community Contribution Company or Other Social Enterprise sole purpose is to generate profit |  |
| Not a member funded society  |  |

**Provide a brief overview of your organization’s primary purpose and activities, the services your organization provides, the clients and geographic region(s) served:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REQUEST SECTION B: PROGRAM**

**Provide a brief overview of the program(s) you intend to apply the donation to**:

What is the name of the program that the donation will be applied to? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How many individuals will be served by this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years has the program been operating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How do individuals access the program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please mark with X all the following that apply to the above program:**

|  |  |
| --- | --- |
| Inclusive and open to the community  |  |
| Of benefit to the community not just the members of the organization |  |
| Not a fundraising event (e.g. Cops for cancer, Relay for life, etc.) |  |
| Not delivered through a contract or under a funding agreement |  |
| Not for the provision of subsidized housing (e.g. senior housing complexes, low cost housing, etc.) |  |

**Provide a brief summary of the program and describe the impact the program will have on participants:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**List the specific materials and services that will be provided through this donation:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**REQUEST SECTION C: FINANCIAL**

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**Please indicate the total cost of the program(s) indicated in Section B above**

$

**What is the total amount you need to fully fund these programs?**

**List the major sources of funding, other than Cranbrook Rotary, you have you obtained for these programs:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If Cranbrook Rotary can only donate part of the funding requirement noted above, how do you intend to make up the shortfall?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has Cranbrook Rotary supported you in the past?**  | **YES** |  | **NO** |  |

**If YES, list the most recent two year(s) in the past five years you received funding & the amount you received from us?**

|  |  |
| --- | --- |
| **YEAR** | **AMOUNT** |
|  |  |
|  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**Have you received a Provincial Gaming Grant in the current fiscal year?**  **If YES how much?**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** |  | **NO** |  |

**Total Provincial and Federal funding applied to each program in section B is less that 75% of the total program cost:**

**Please provide a copy of your last years financials. If you cannot provide this please indicate the reason below.**

**List any attachments to this request form and provide any other information your organization believes would assist Rotary to evaluate your request for financial support:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE NOTE! We cannot donate Gaming Grant funds to:**

A hospital, medical or health care facility – donations to these facilities can only be made to health foundations or hospital auxiliaries.

A school or school sports teams - donations may be made only to parent advisory councils for school extracurricular related activities.

An individual team …we can only donate Gaming Grant funds to a sports association.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Send your completed application to:**

**Email: CranbrookRotaryDonations@gmail.com or Mail: Cranbrook Rotary, PO Box 7 Main Station, Cranbrook, BCV1C 4H6**