



PROJECT INFORMATION

Project Title **Date**

Project Description (need, participants, oversight, plan) *Please append details as necessary.*

Project Advocate

Name Email

Phone Rotary Club Affiliation

Bellevue Rotary Club Contact (if different from above)

Name Email

Phone

Bellevue Rotary Grant Request Amount (US Dollars) \$:

IMPORTANT: The following information is used as project ranking criteria. Please append any additional information that supports the answers to this section. If a question does not apply to the proposal, please type N/A (Not Applicable). Note that projects with matching grants normally rank higher and the Bellevue Rotary funds will be provided upon the confirmation of the matching grant completion. Our Committee and Board can approve an extension upon review to funding the project next fiscal year (starting in July 1st) if the matching grants do not complete on the initial year.

Project Details

Matching grant request to The Rotary Foundation (TRF)? YES NO **Matching grants from other organizations?** YES NO

If there are other matching grants, please provide details (amounts and organization names) *Please append details as necessary.*

Has this organization or program been supported by the Bellevue Rotary Club in the past? YES NO

If yes, please provide the year and contact name:

Are there other US District Clubs and/or non Rotary organizations supporting this project? YES NO

If yes, please provide organization and contact name:

Approximate number of persons impacted by this project (please give a range):

Do all funds going directly to the program? YES NO **IMPORTANT:** Include detailed breakdown of financial expenses regarding this project.

Project target completion date: **Will all funding be completed by July 1st?** YES NO

Could this project be funded in a multiyear term? YES NO **If yes, how many years?**

How is the success of this project being measured? *Please append details as necessary.*