



Rotary Club of Calgary West

LOCAL COMMUNITY SERVICE PROJECT

PRELIMINARY APPLICATION FORM

Fill in the spaces below with as much information you have. Each box will expand as you type

RCCW Leader:

Project Title:	
Project Objectives: Needs : <u>Guideline #4</u>	
Target Category: 1 to 9 Impact: <u>Guideline #3</u>	
How will Funds be spent: Tangible: <u>Guideline #1 &2</u>	
Expected Outcomes: Measurable/Effective <u>Guideline #1&3</u>	
Funding Timeline:	
Plans to Recognize RCCW <u>Guideline #5</u>	
Volunteer Opportunities <u>Guideline #6</u>	
Organizations Proper Name:	
Mailing Address	
Contact information:	Name:
Email :	Phone #:
Website address:	

Charitable # _____

AGLC # _____

Proposed Funding (subject to change)	Contribution sought	Cumulative
RC of Calgary West		
Other sources: please list below		
Project TOTAL COST		

Date approved: _____

Chair LCS Committee 2015-2016 _____

Amount approved: _____