

Community Projects Database

Project Submission Form

(Please print or type information)

Project Title: _____

District(s): _____

Project Country: _____

Type of Club(s): Rotary Rotaract Interact Rotary Community Corps

Start Date: _____ End Date: _____ Ongoing? Yes No

Topic(s)

Please select topics that describe your project from the list below or add new topics in the spaces provided.

- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Gender | <input type="checkbox"/> Peace |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Health | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Animal Husbandry | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Population |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Poverty |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Housing | <input type="checkbox"/> RCC |
| <input type="checkbox"/> Children | <input type="checkbox"/> Hunger | <input type="checkbox"/> Recycling |
| <input type="checkbox"/> Clean-up | <input type="checkbox"/> Immunization | <input type="checkbox"/> Revolving Loan Fund |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Interact | <input type="checkbox"/> Rotaract |
| <input type="checkbox"/> Diseases | <input type="checkbox"/> International Understanding | <input type="checkbox"/> Urban Concerns |
| <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Library | <input type="checkbox"/> Water and Sanitation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Literacy | <input type="checkbox"/> WCS |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Malaria | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Ethics | <input type="checkbox"/> Maternal Health | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Four-Way Test | <input type="checkbox"/> Microfinance | |

Project Summary

Please attach additional pages as necessary.

1. What were the objectives of the project?

2. How did your club determine the need for this project?

3. Please describe any other groups, organizations, or government agencies you worked with to achieve your objectives:

4. Please describe your project from beginning to end:

5. Who benefited from this project?

6. Why was this project successful?

Contact Information

Full Name: _____

Club: _____

Address: _____

City, State/Province, Postal Code: _____

Country: _____ Telephone: _____

Fax: _____ E-mail: _____

I hereby authorize Rotary International to use the project information contained in this form, including the above contact information, in Rotary publications and on the RI Web site.

Signature: _____ Date: _____

This form should be submitted at the completion of each service project. Please send to:

Programs Division (PD210)

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