

**Rotary Community Corps
Annual Update and Project Data Form**

(Please print or type information)



Rotary Year: _____

District: _____

RCC Name: _____

Sponsoring Rotary club(s) 1. _____

2. _____

Is your RCC active? Yes No If not, why? _____

Date of Termination _____
(day/month/year)

RCC language: English French Japanese Korean Portuguese Spanish

Name of Rotary club president (please print): _____

Signature: _____ Date: _____

PLEASE COMPLETE PROJECT INFORMATION ON REVERSE SIDE

Return by 30 June to:

**Community Programs Section
Rotary International
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA**

Fax: 847-866-6116

(over)



Project title: _____

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

Topic(s): (select topics from list below or add your own in the space provided)

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 4-Way Test | <input type="checkbox"/> Drug/Alcohol Abuse | <input type="checkbox"/> Literacy | <input type="checkbox"/> Small Businesses |
| <input type="checkbox"/> Adult Education | <input type="checkbox"/> Education | <input type="checkbox"/> Medical Supplies | <input type="checkbox"/> Training |
| <input type="checkbox"/> Aging | <input type="checkbox"/> Environment | <input type="checkbox"/> Peace | <input type="checkbox"/> Tree Planting |
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Ethics | <input type="checkbox"/> Population | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Poverty | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Animal Husbandry | <input type="checkbox"/> Fundraising | <input type="checkbox"/> RCC | <input type="checkbox"/> Vocational Service |
| <input type="checkbox"/> Awards | <input type="checkbox"/> Health | <input type="checkbox"/> Recycling | <input type="checkbox"/> Water |
| <input type="checkbox"/> Career Development | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Revolving Loan Fund | <input type="checkbox"/> Women |
| <input type="checkbox"/> Children | <input type="checkbox"/> Housing | <input type="checkbox"/> Rotaract | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Clean-Up | <input type="checkbox"/> Hunger | <input type="checkbox"/> Sanitation | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Immunization | <input type="checkbox"/> Scholarships | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diseases | <input type="checkbox"/> Interact | <input type="checkbox"/> Schools | <input type="checkbox"/> _____ |

Project objectives:

Project description (from planning stage to completion):

Cost of project: _____ How were funds raised? _____

Other organizations cooperating in the project: _____

PLEASE ATTACH ADDITIONAL INFORMATION AND PHOTOS

Contact Information

Name: _____
Rotary Community Corps of _____
Address: _____
City/State/Postal Code: _____
Country: _____
Telephone: _____
Fax: _____
E-mail: _____

I give my permission for my name and address to be listed for contact information in Rotary publications and on the RI Web site.

Signature _____ Date _____

