

Rotaract Project Proposal

Express Grant 5080

**Project Name:**

**Express Grant Amount Request: $ 300.00 USD**

**Participating Clubs**:

Lead Club Name: Contact Person: Contact e-Mail:

Partner Club Name: Contact Person: Contact e-Mail:

Partner Club Name: Contact Person: Contact e-Mail:

**Other Partner Organizations**:

**Describe Community Need**:

**Project Description**:

**Project Implementation Timeline**:

Timeline Description:

Anticipated Start Date: Anticipated Completion Date:

Note: The Final Report must be submitted within 30 days of the actual completion date. If the project has not been completed by that date, an interim report must be submitted by March 31st and the final report is required by December 31st. Note that all Grant Funds must be spent before March 31st.

**Project Impact**:

**Who will benefit**:

**Describe how they will benefit**:

**Number of direct beneficiaries**:

**Number of Rotarians and their roles:**

**Number of Other Partners and their roles:**

**Plans to publicize the project:** (Please take photos & keep copies of publicity items, they will be required with the Final Report)**BUDGET DETAIL**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DETAILED EXPENSE BUDGET** |  |  | **FUNDING** |  |  |
| **Expense Category** | **Amount** |  | **Sources of Funding** | **Amount** | **Notes** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | **Express Grant Request** | **$300** |  |
| **TOTAL** | **$** |  | **TOTAL** |  |  |

**NOTE:** Keep receipts for all expenses, it will be required to attach copies to the Final Report and match them to the expenses. All Project Grant Funds must be spent before March 31st.

**SEND GRANT CHECK TO:**

**Name:**

**Club Name:**

**Mailing Address:**

**APPROVAL**

Club Member completing this application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print);

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have reviewed this proposal for accuracy and completeness.

Assistant

Governor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SignatureDate

**Send the completed proposal to YOUR CLUB’S ASSISTANT GOVERNOR.**

District Approval Team member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date

District Approval Team member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Date