

2018-2019 District Grant Final Report

The Rotary Foundation District Grant 1960879

Return this completed form along with receipts and invoices to the District Grants Subcommittee at: grantfinalreport@district5240.org

Rotary Club: _____
Project Title: _____
Grant Number: _____

Project Description

1. Describe the project. What was done, when, and where did project activities take place?

2. How many people benefited from this project? _____
3. Who were the beneficiaries, how were they impacted by this project, and what humanitarian need was met?

4. How many Rotarians participated in the project? _____
5. What did they do? Please give at least two examples, not including financial support provided to the project.

6. If a cooperating organization was involved, what was its role?

Financial Report (District must retain receipts of all expenditures for at least five years)

Currency Used: _____ Exchange Rate: _____ = 1 USD

7. Income

Sources of Income	Currency	Amount
1. District Grant funds awarded from the District		
2. Other funding (specify)		
3.		
Total Project Income		

8. Expenditures (please be specific and add lines as needed)

Budget Items	Name of Supplier	Currency	Amount
1.			
2.			
3.			
4.			
5.			
Total Project Expenditures			

Certifying Signature

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant Rotary District 5240, RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of Rotary District 5240, RI and TRF.

Certifying Signature _____ Date: _____

Print name, Rotary title, and club _____

To be completed by the District Grants Subcommittee Chair:

TRF District Grant # 1960879

District 5240 Grant Number # _____