# FOUNDATION CENTENNIAL CHALLENGE GRANT CLUB APPLICATION

Please print or type all information and use additional sheets of paper if necessary. All Applications are due by <u>December 15, 2016</u>. Send completed form to Sue Carstens at <u>CarstensSue@gmail.com</u>

1. CLUB(s): \_\_\_\_\_

- 2. Describe the project, its location, and its objectives. Will it proceed without this grant? Estimated Start Date:\_\_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_
- 3. Describe how the project will benefit the community and/or improve the lives of the less fortunate.
- 4. Describe non-financial participation by Rotarians in the project (i.e., SPECIFIC Rotarian Activities).
- 5. <u>Project Contact</u>: One Rotarian must be listed who will provide oversight and management of the project funds.

	Primary Contact Name	Rotary Position/Title
-	CLUB MAILING Address	City, State, Zip
-	Telephone	E-mail
6	How will the general public know this is a	Rotary-sponsored project? Please provide details e.g. publicity in

6. How will the general public know this is a Rotary-sponsored project? Please provide details, e.g., publicity in a newspaper, radio, television, display of the Rotary wheel, etc.:

7. Total Cost in US \$: \_\_\_\_\_ Club Contribution \$: \_\_\_\_\_

Amount Requested from the District Foundation: \$

8. <u>Authorization</u>: All Rotary clubs/districts involved in this project are responsible to The District Rotary Foundation for the conduct of the project and for reporting on it. The Signatures on the application confirm that the sponsors understand and accept the responsibility. The signature of the sponsors also affirms that all information in this application is true and accurate, to the best of their knowledge.

CLUB PRESIDENT: As President of the Rotary Club of	
I hereby affirm that the Club has voted to undertake this project as an activity of the club.	

Name, Printed

Signature

Date

	GRANT	APROVED	BY DISTRICT	
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### GRANT DENIED \_\_\_\_\_

Signature, District Grants Committee Chair

## **Foundation Centennial Challenge Project Final Report**

#### Grant#

Note: Rotarians completing an individual project summary should return this form to their District Leadership or to the District Foundation Challenge Grant Committee established at the district level.

Project Title: \_\_\_\_\_ Rotary Club of \_\_\_\_\_

Provide an itemized statement detailing how grant funds were expended on this project from its implementation through completion.

#### COMMUNITY IMPACT:

Provide detailed information regarding the project and its beneficiaries. How many non-Rotarians benefited from this project? How were they helped?

Provide an overview of the project spending below (retain receipts of all expenditures):

Cost

#### ROTARIAN INVOLVEMENT:

How many Rotarians participated in the project?

How did they participate?

By signing this report, I confirm that Challenge Grant funds of \$\_\_\_\_\_, were spent in accordance with Trustee approved guidelines and that all of the information contained herein is true and accurate. Receipts for all expenses will be retained for at least three years in case of audit.

Club Certifying Signature

Date