

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 December 15, 2016. Send completed form to Sue Carstens at
CarstensSue@gmail.com

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. Project Contact: 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 a newspaper, radio, television, display of the Rotary wheel, etc.:

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

Amount Requested from the District Foundation: \$ _____

8. Authorization: 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 APPROVED BY DISTRICT _____

GRANT DENIED _____

Signature, District Grants Committee Chair

Date

Grant # _____

Project Title: _____ Rotary Club of _____

COMMUNITY IMPACT:

Project Items Purchased	Cost
Total funds expended \$	

Date _____