

**District 5810**

**Matching Grant Application Form FY: 2025-2026**

*Complete and return electronically with copies of receipts in a PDF to:*

*District5810Grants@gmail.com*

|  |  |  |
| --- | --- | --- |
| Rotary Club: |  |  |
| Project Title: |  |  |
|  |  |  |  |  |

**Project Description**

1. Briefly describe the project. What will be done, when and where will project activities take place, and who are the beneficiaries? Outline your spending and publicity plan.
2. Briefly describe how this project will reflect the Mission of Rotary.
3. How many Rotarians will participate in the project?
4. What will they do? Please give at least two examples.

1. How many non-Rotarians will benefit from the project?
2. What are the expected long-term community impacts of the project?
3. If a cooperating organization is involved, what will be its role?

**Financial Report** *(Club must retain original receipts of all expenditures)*

8. Income

|  |  |
| --- | --- |
| **Income** | **Amount** |
|   |   |
| 1. Funds to be received from your Rotary Club \*\* |   |
| 2. District Grant Funds to be received from the District: |   |
|  a. District Guaranteed DDF |   |
|  b. Additional Possible Grant Funding subject to Available funds. |   |
| 3. Other Source of Funds (attach list, if necessary) |   |
| **Total Project Income** |   |

**\*\* District 5810 Grants are Matching Grants. Funds to be received from your Rotary Club must equal the request of funds from the District. Other Source of Funds will not be used in calculating Funds to be received from your Rotary Club.**

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

|  |  |
| --- | --- |
| **Expenditures** | **Amount** |
|  |  |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
|  |  |
| **Total Project Expenses** |  |

10. Rotary Club Contact Information

Project Contact: Two Rotarians (one may be the President) must be listed who will provide oversight and management of the project funds for the entire duration of the project, even if it continues into another Rotary year.

|  |  |
| --- | --- |
| **Primary Contact** | **Secondary Contact** |
|  |  |
| Name: | Name: |
| Rotary Position/Title: | Rotary Position/Title: |
| E-mail: | E-mail: |
| Address: | Address: |
| Cell: | Cell: |
| Work: | Work: |

**President’s Attestations**

11. President’s Attestations

**President’s Attestations:** By signing this report, I confirm that to the best of my knowledge:

* I have read and complied with the Conflict-of-Interest Policy for Grant Participants as outlined in section 30.040 of the Rotary Foundation Code of Policies, the Terms and Conditions for Rotary Foundation District Grants, and the District Grants Funding Policy.
* I have complied with Paragraph 12.E of the Terms and Conditions for Rotary Foundation District Grants which states in part:

*“Some people are not eligible for grants or to benefit from any (emphasis added) Foundation grants. They include:*

1. *Current Rotarians*
2. *Employees of clubs, districts, other Rotary entities, or Rotary International*
3. *The spouses; children or grandchildren by blood, legal adoption, or marriage without adoption; the spouses of these children or grandchildren, or parents or grandparents by blood of people listed above; and employees of agencies, organizations, or institutions that partner with Rotary International or the Foundation.*
4. *Former Rotarians and people with the familial relationships to former Rotarians described above, for three years.”*
* These District Grant funds will be spent only for eligible items in accordance with Rotary Foundation & District guidelines.
* All of the information contained herein is true and accurate.
* Receipts (copies) for all grant-funded expenditures will be provided to the District with a Final Report.
* This grant application has been approved by the Board of Directors of the Club.

|  |  |  |  |
| --- | --- | --- | --- |
| President’s Signature |  | Date: |  |

|  |  |
| --- | --- |
| President’s Name (please print): |  |

**President’s Contact Information:**

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rotary Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_