## ROTARY DISTRICT 5910 DISTRICT GRANT APPLICATION CHECKLIST 2023-2024

## APPLICATION DEADLINE - AUGUST 15, 2023 NO APPLICATIONS ACCEPTED AFTER DEADLINE

\*\*\* Complete this checklist and attach to your application

Rota	ry Club:			
	Two club members have completed the online grants training (Modules 1 & 2) <i>prior to August 1, 2023</i>			
	President and President-Elect (or VP) have executed and submitted the MOU			
	Goals for Annual Fund and PolioPlus have been entered in Rotary Club Central			
	Names of Foundation, Public Image and Membership Chairs have been entered in ClubRunner			
	Club has paid District 5910 and Rotary International July 2023 invoices in full			
	Club has a separate bank account or has established separate GL accounts for proper grant project accounting			
	Club has no overdue reports for Global or prior year District Grants			
☐ All application questions have been answered fully and completely				
Presid	dent's Signature: Date:			
Presid	dent's Name:			



## D5910 District Grant Application 2023-2024

Complete and return to:

Bobby Chapman District Grants Chair 409-351-9106

Email signed copy to: bobbychapman.5910@gmail.com by August 15, 2023

Rota	ary Club:	
	club is currently qualified under rules for F	Rotary District Grants. Yes No
	es of 2 members who completed Qualifica	·
Anticipated Start Date		Expected Completion Date
Projed	ct Description	
1.		nd its location. Description must include (1) what will be ties will take place; and (3) who are the beneficiaries.
2.	Humanitarian Efforts: Describe how the lives of the less fortunate.	project will benefit the community and/or improve the
3.	Number of members of the community of project. May include how project was ide	whose needs will be met by the implementation of this entified.
4.		Rotarians in the project (i.e., SPECIFIC Rotarian s members will be DIRECTLY involved in carrying out
5.	provide partial funding, please describe	g for an acceptable project. If the District can only what effect this partial funding would have on your might need to be made (scaling down of project and/or sed, etc.).

6. If this is an international project, explain the ways in which the host and international partners will communicate and work together to implement this project. 7. Publicity Plan: (1) How will the general public know this is a Rotary sponsored project? (2) What is your publicity plan? (3) What tangible Rotary recognition will be connected to this project? (4) Is the recognition permanent? 8. If the project involves a cooperating organization, please provide the name of the organization(s) and its role. Financial Report – Project Budget (Club must retain receipts of all expenditures) 9. Income Amount 1. District Grant funds to be received from the District 2. Rotary Club Funds 3. Other Funding Total Project Income \*Note: Rotary Club Funds must equal or exceed District Grant Funds 10. Expenditures (please be specific and add lines as needed) 2. 3. 6. 7. **Total Project Expenditures** \*Note: Total Project Income must equal Total Project Expenditures. 11. Presidents: By signing this report, I confirm that to the best of my knowledge these District Grant funds will be spent only for eligible items in accordance with Trustee-approved guidelines as listed in Rotary's Terms and Conditions for District Grants, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures will be provided to the District. If a cooperating organization is involved in the project, the Club certifies that the cooperating organization will adhere to and abide by the Rotary Terms and Conditions for District Grants. Clubs MUST submit the Final Grant Report within 30 days of project completion, but not later than June 1, 2024. Late submission of the Final Grant Report will affect future grant awards. In addition, I confirm that 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: \_\_\_\_\_

## **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.

Primary Contact Name:	Secondary Contact Name:	
Rotary Position/Title:	Rotary Position/Title:	
E-mail:	_ E-mail:	
Address:	Address <u>:</u>	_
Telephone: Home	Telephone: Home	
Office:	Office:	
Cell:	Cell:	
Address To Mail Grant Payment		
Name:	-	
Address:		
City. State Zip:		