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| --- | --- |
| Date of Review Submission to Club: | Initiating Rotary Club: |
| Project Name (DG# ): | |
| Club Project Contact and email: | Dollar Amount Requested: |
| Grant Application Review Team:   * Updates Complete | |

**Application Review Team Report:**

1. Brief Overview of Grant:
2. Has the Stewardship Chair confirmed that all clubs requesting matching funds in the application have met the qualification criteria?

* MOU signatures
* Giving ($100/capita)
* Dues - Rotary International \_\_\_\_, District \_\_\_\_
* GMS completion

1. Which area of focus does this project fall within? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List any other application problems that need to be fixed before application can be accepted.

* Form completed
* Signatures
* Budget Balanced
* Supporting Documents/Letters/Pictures
* Rotary Publicity/Recognition

1. What are the strengths of the project?
2. What are the weaknesses of the project? (Concerns for budget items)