Return this completed form to your District Grant Chair, Jean Sullivan email to grants@district7950.org

|  |  |
| --- | --- |
| Rotary Club: |       |
| Project Title: |       |
| Progress report | [ ]  | Final report | [ ]  |

**Project Description**

1. Describe the project. What was done, when, and where did project activities take place? If this is a progress report, what remains to be done?

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|       |

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| 2. How many people benefited from this project? |       |

3. Who were the beneficiaries, how were they impacted by this project, and what humanitarian need was met?

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|       |

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| 4. How many Rotarians participated in the project? |       |

5. What did they do? Please give at least two examples, not including financial support provided to the project.

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6. If a cooperating organization was involved, what was its role?

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|       |

###### **Financial Report** (District must retain receipts of all expenditures for at least five years)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currency Used: |       | Exchange Rate: |       | = 1 USD |

7. Income

|  |  |  |
| --- | --- | --- |
| **Sources of Income** | **Currency** | **Amount** |
| 1. Funds received from the District |       |       |
| 2. Other funding (specify)       |       |       |
| 3.       |       |       |
| **Total Project Income**  |       |       |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Items** | **Name of Supplier** | **Currency** | **Amount** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| 5.       |       |       |       |
|  **Total Project Expenditures**  |  |       |       |

**Certifying Signature**

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI’s sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

|  |  |  |  |
| --- | --- | --- | --- |
| Certifying Signature |  | Date: |       |
| Print name, Rotary title, and club |       |

To be completed by the District Rotary Foundation Committee Chair:

|  |  |  |  |
| --- | --- | --- | --- |
| District Simplified Grant # |       | Individual Project Report # |       |

**Please provide mailing address where reimbursement check should be sent:**