**The Rotary Foundation (TRF)**

**District Grant Application**

 **Rotary District 9820**

Please complete all sections of this application. Rotarians may use this form and attach additional pages as needed. *Incomplete applications will not be considered*.

**Submit this completed application form to the Chairman District 9820 Grants Subcommittee** by mail or email Paul Harvey, RC of Mt Eliza, 6 Canadian Bay Road, Mt Eliza 3930 or email: pandpharvey@bigpond.com

**See “GRANT MANAGEMENT MANUAL” at** [**www.rotary.org**](http://www.rotary.org) **AND read the terms and conditions for Rotary Foundation and District Grants before applying.**

1. **PROJECT DESCRIPTION**

**(Please describe the project, its objectives and how they will be attained)**

**a. Briefly explain the purpose of the project**

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|  |

**b. How will it meet the needs of the community?**

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| --- |
|  |

**c. Estimated start and completion date of project**

|  |
| --- |
| Start Date:...........Completion Date:.................. |

1. **COOPERATING ORGANISATIONS**

**(Please complete this section if your project involves a cooperating organisation to implement your project)**

**a. Name and address of cooperating organisation**

|  |
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|  |

**b. Please attach a ‘Letter of Participation’ from that organisation that specifically states its responsibilities, how it will interact with Rotarians in this project and the organization’s agreement to cooperate in any financial review of activities.**

1. **PRIMARY PARTNER**

**Rotary Club of ..............................................................**

**Project Committee:** A committee of at least two Rotarians must be established. It is the committee’s responsibility to coordinate the project locally, monitor funds, and provide all reports including financial accounting to District 9800’s Foundation Grants Subcommittee and The Rotary Foundation via District *for the duration of the project.*

**Primary Contact:**

**Name:**

**Rotary Position/Title:**

**Email Address:**

**Street Address:**

**City/Postcode:**

**Telephone:**

**Home:**

**Office:**

**Mobile**

**Additional Contact:**

**Name:**

**Rotary Position/Title:**

**Email Address:**

**Street Address:**

**City/Postcode:**

**Telephone:**

**Home:**

**Office:**

**Mobile**

1. **PROJECT BUDGET**

Please include complete itemised budget for the entire project and indicate which currency is used. Please answer questions provided about purchase of equipment, materials and supplies. Please use additional pages if necessary***. Pro forma invoices, supplier price quotes and/or other cost documentation may be required upon request.***

|  |  |  |
| --- | --- | --- |
| **Items to be purchased** | **Name of Supplier** | **Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **TOTAL** |  |

1. **PURCHASE OF EQUIPMENT**

|  |
| --- |
| **Who will own the equipment and maintain, operate and secure items purchased with grant funds?****Will training in use and maintenance of technical equipment be provided?** |

1. **PROPOSED FINANCING**

**Please identify and list funding sources for this project**

|  |  |
| --- | --- |
| **Funding to be provided by:** | **Amount** |
| **Rotary Club of:** |  |
| **Rotary Club of:** |  |
| **Rotary Club of:** |  |
| **SUB TOTAL** |  |
|  |  |
| **Rotary District 9820 – District Grant** |  |
|  |  |
| **TOTAL** (Must be equal to budget cost) |  |

1. **AUTHORISATION**

**All Rotary Clubs and Districts involved in this project are responsible to the Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners’ signatures confirm that they understand and accept responsibility for the project and for providing reports as needed or requested. By signing below we are confirming agreeing to the following:**

* **Each of the Rotary clubs participating in this project have signed and lodged a current and original copy of the ‘Club Memorandum of Understanding’ with the D9820 Grants Subcommittee.**
* **All information contained in this application is true and accurate, to the best of our knowledge**
* **The club/district has agreed to undertake this project as an activity of the club/district and to make require reports.**
* **We understand that if our club/district or our partner club/district has overdue progress or final reports for any previously awarded Foundation Grant, this application will be returned to the primary partner club.**
* **We understand District 9820 will reimburse us the approved District Grant upon receipt of a Final Report, Club bank statements evidencing receipt of and spend of the approved District Grant and a receipted invoice for an amount not less than the approved District Grant.**

**Primary Club:**

Club President

Name:

Signature................................................ Date.................................................

1. **DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION**

The district grants subcommittee chair district 9820 must certify the application as complete*. If the application is not complete or eligible, it will be returned to the host partner with a brief explanation*.

“I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines”

DISTRICT 9820 GRANTS SUB-COMMITTEE CHAIR SIGNATURE...................................................DATE