**ROTARY DISTRICT 7890 CHARITABLE FUND GRANT APPLICATION FORM
ROTARY/ ROTARACT/ INTERACT CLUBS**

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| **PROJECT TITLE/NAME** *(Max 7 words*) |  |
| **Rotary Club and/ or Rotaract/ Interact Club Name** |  |

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| --- | --- |
| **Areas of Focus** | **Select (x) Area(s) applicable** |
| * Disease prevention
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| * Maternal and child health
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| * Basic education and literacy
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| * Fighting Hunger
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| * Economic and community development
* Protecting environment
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| 1. **Briefly describe the project, its location and objectives. Describe how the project will benefit the community and/or improve the lives of the less fortunate.**
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| 1. **Has your club conducted a Community Assessment?** If not, how did you determine this project will meet community needs?
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| 1. **Describe the non-financial participation by your Rotary club members and/ or Interact/ Rotaract club members in this project.**
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| 1. **Describe how the general public will know this is a Rotary project.**
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| **5. Cooperating organizations. If the project involves a joint cooperating organization(s),****provide the name(s) of the organization(s) and attach a letter from the organization(s).****The letter specifically should state the responsibilities of the cooperating organization and** **how Rotarians/ Rotaractors/ Interactors will interact with that organization in completion of****the project.** ***Note: By signing the application, the Rotarian sponsors endorse the organization as*** ***reputable, responsible, and acting within the laws of the community.*** Name of cooperating organization(s): |

**PROJECT BUDGET**

|  |  |
| --- | --- |
| **Project Funding** *(Budget)* | **$ Amount** |
| District 7890 Charitable Fund *(funds requested)* |  |
| Club Funds *(committed)* |  |
| Other Funds *(please specify)*  |  |
|  |  |
|  |  |
|  |  |
|  **Total Budget $** |  |
| **Project Purchases and Expenses** | **Expenditures** |
|  |  |
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|  |  |
|  |  |
| **Total Project Costs $** |  |
| ***Note****:*  **DO NOT start your project or purchase items until approval e-mail is received from the District 7890 Charitable Fund, Inc.**  |
| **Proposed Project Start date:** |  |
| **Estimated Completion date:** |  |
| **Additional Remarks** *(if necessary, add further information below or on a separate sheet)* |

**Project/ Club contacts. List two Rotarians who will provide oversight and**

**management of the project funds. One person should be the Club Advisor to the Interact/**

**Rotaract Club for Interact/ Rotaract Club Projects**

|  |  |
| --- | --- |
| **Primary Contact:***(Club advisor)* | **Secondary Contact:** |
| **Contact Numbers (Home/Mobile):** | **Contact Numbers (Home/Mobile):** |
| **Email Address:** | **Email Address:** |

**Authorization:** The Rotary club involved in this project is responsible to District 7890 Charitable Fund, Inc for the conduct of the project and for final reports. *The signatures on the application confirm that the sponsors understand and accept the responsibility and affirm that all the information in this application is true and accurate to their knowledge.*

**Club President**  - I hereby affirm that the club has agreed to help the Interact/ Rotaract Club to undertake this project as an activity of the Interact/ Rotaract Club.

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| --- | --- |
| **Name:** | **Signature:** |
| **Date:** | ***Club (name) President*** |
|  |  |
| **For the District 7890 Charitable Fund, Inc. Approval by:** | **Signature:** |
| **Date:** |  |

**INTERACT/ROTARACT CLUB INFORMATION**

 **a) Interact or Rotaract Club? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **b) Please list the Club officers and include email, and cell phone #s.**

 **President:**

 **President Elect candidate:**

 **Vice President:**

 **Treasurer:**

**Secretary :**

**How many members in your club?**

 **c) Please list the School Advisor with email and cell phone#.**

***Email completed application with Club President’s signature to:***

District7890CharitableFund@gmail.com