|  |  |
| --- | --- |
| RotaryMBS_RGB | District Grant ApplicationDistrict 5450: 2023-2024 Rotary Year |

|  |
| --- |
| This application form is for the Rotary Year July 1, 2023 through June 30, 2024. Please submit this application to grants5450@gmail.com. For additional guidance, tools, and sample MOU’s to assist completing this application, please refer to the [2023 – 2023 District 5450 Terms and Conditions](https://clubrunner.blob.core.windows.net/00000050085/en-ca/files/sitepage/grants/2020-21-d5450-district-grants-terms-condition/D5450_District-Grants_terms_conditions-04.2020.docx) document and related tools at the [District Grant site](https://portal.clubrunner.ca/50085/SitePage/grants). |

|  |
| --- |
| PROJECT DESCRIPTION  |
| Club Name |  | Grant Champion |  |
| Project Title |  | Start Date” |  |
| Project Location |  | End Date\*\* |  |

 \**Project cannot begin until the grant application is approved.*

*\*\* No greater than one year after expected approval/start date*

***Please keep all responses brief.***

1. I have reviewed the District 5450 District Grants Terms and Conditions before completing this Grant Application
	1. Grant Champion Name Completing Terms and Conditions Review\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-
2. **Project and Community Description**.
	1. What community need will be addressed?
	2. Who will benefit from the project (beneficiaries)? Approximately how many? In what way?
	3. How was the community involved in identifying the need?
	4. Describe the project briefly (50 words)
	5. Any other essential information about the community or project?

Activity 3.1: Conducting multimodal art therapy and sensory integration interventions to prevent emotional burnout and self-care for psychologists, social workers, volunteers and others working with IDPs to improve their own well-being.

1. **International Project?** \_\_ Yes \_\_\_ No (if no, skip the rest of item 3)
	1. If the project is international, identify the Rotary Club or other organization in the project country that will work with you in implementing the project. The non-Rotary club may qualify for “Cooperating Organization” status (further detailed below in item #7)
	2. How will they be involved?
	3. Do you have a signed agreement with the organization regarding the project implementation?
	4. Who will hold and disperse the grant funds?
	5. How will this international partnership enhance the project?

1. **Transition of support**
	1. Do you plan to transition support from Rotary to others including specific organizations if known?

\_\_\_ Yes / \_\_\_ No

* 1. If yes, describe your plan to transition support from Rotary to the others including specific community organizations if known
1. **Publicity**
	1. Describe the specific ways in which this will be seen as a Rotary project. **Include the publicity plan and the signage** that will be used to identify the project as funded by Rotary.
2. **Direct Hands-on Project Involvement** (Required in every project)
	1. List at least two specific activities that your club’s Rotarians will do to help implement this project, **excluding fundraising**. This may include activities before the project start date. Sample activities may include assessment of needs, project planning, implementation support, promotional efforts including media interactions, project status reviews, labor support, purchasing, distribution of goods, community educational presentations, transportation support, etc.)
	2. What will partner Club Rotarians do?
3. **Cooperating Organization**

**If an organization of any size is involved in the planning or implementation of a Project, then it should be considered a cooperating organization.** A *benefiting entity* or beneficiary is the recipient of goods or services and is not considered a cooperating organization.

* 1. Is a Cooperating Organization involved? \_\_\_\_ Yes \_\_\_\_ No
	2. If an organization other than the Club is involved in the project, what will that organization do?
	3. Please attach a signed letter / Memorandum of Understanding (MOU) of participation from the cooperating organization that specifically includes:
		1. Demographic details (name, location, email, primary contact, telephone, web address)
		2. Brief description of the Cooperating Organization, its mission, 501c3 status if applicable
		3. The cooperating organization’s responsibilities and how it will interact with Rotarians to implement the grant project
		4. The organization’s agreement to participate in any financial review of the project including provision of expense receipts when applicable
		5. Attach a list of any Rotarians associated with the Cooperating Organization and note role in conflict of interest section
1. **Payment / Financial Controls** (See District 5450 Terms and Conditions). The Club should make purchases if possible. Funds are provided to the sponsoring Rotary Club and should be under their control. All purchases should be made with the goal of getting the best value.
	* 1. How will club oversee financial management?
			1. \_\_\_ The club manages all expenses, makes all purchases assuring best value (comparison shopping, competitive bidding, etc.)
			2. \_\_\_ The international partner organization or Cooperating Organization purchases the items assuring best value
			3. \_\_\_ Both the club and the international partner organization or Cooperating Organization share financial management responsibilities as described below
		2. Explain how the responsible entity ensures best value purchasing.
		3. How does the Club provide payment for the purchase of goods by the international Rotary partner or Cooperating Organization?
2. **Conflict of Interest**
	1. Real or perceived conflicts of interest are connections between Rotarians (or family) and the beneficiaries or organizations involved in the project. Are there any Club Rotarians who have a potential conflict of interest? Please respond below. If there is a perceived conflict, list the Rotarians names and the roles they have in the organization the organization for any Rotarians involved

**\_\_\_Yes: Please list names and responsibilities in the organization:**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_No**

|  |
| --- |
| SPONSORING CLUB  |

Sponsor Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District 5450

A committee of at least two Rotarians from the sponsor (primary) club must be established to oversee the Project for the duration of the project. Any person affiliated with the benefitting entity, a vendor, or a cooperating organization for the grant may not be a committee member.

Grant Champion:

|  |  |
| --- | --- |
| Name  | Rotary position  |
| E-mail  | Phone  |

The Grant Champion agrees to assume personal responsibility for submission of any interim reports and the final report, which must be filed upon completion of the Project.

Project Contact #2:

|  |  |
| --- | --- |
| Name  | Rotary position  |
| E-mail  | Phone  |

President of the Sponsoring Club during the year in which the grant was awarded.

*By signing below the Club president confirms that the Club supports this project including the financial commitment (submit a Club cash and DDF form in addition).*

|  |  |
| --- | --- |
| Name  | Signature:  |
| E-mail  | Phone  |

|  |
| --- |
|  PROJECT BUDGET  |
| **Explanation:** For detailed information on the activities and items that can be funded, see the Application instructions. |

|  |  |  |
| --- | --- | --- |
| Budget item | Name of supplier | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total in U.S. dollars |  |

|  |
| --- |
| PROJECT FINANCING  |

**NOTE 1:** Please attach written confirmation of cash contributions and DDF (District Designated Funds) for all clubs supporting the grant.

**NOTE 2:** **Grant funds must be held in a Club account; preferred but not required is a separate Grant account.**

|  |  |  |
| --- | --- | --- |
| **Rotary Clubs** | **Cash (US$) or**  | **DDF allocation** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Totals** |  |  |

|  |  |
| --- | --- |
| **TOTAL Rotary Club Cash Contributions** | **$** |
| **TOTAL funds requested from District (DDF)** | **$** |
| **Additional outside funding** (not matched by District 5450) | **$** |
| **Total Project financing** (must equal budget on previous page) | **$** |

|  |
| --- |
| RECORDKEEPING  |

The Rotary Club must retain an inventory of the items purchased with Grant funds. Keep receipts and photographs if possible. For large or expensive items, documentation should include serial numbers, make and model.

Who will own and maintain the equipment? (*Note that a Rotary Club may not own anything purchased with grant funds.)*

Final Checklist before Submitting.

* Club is **qualified** to submit grant application
* **Club President** has signed application
* **Cash and DDF confirmation form(s)** enclosed (one for each club requesting DDF, including sponsoring club)
* **MOU with Cooperating Organization** enclosed if applicable
* Start Date reflects realistic date **after approval** of project
* Project End Date occurs **within one year of expected approval / start date**