

D5180 TRF DISTRICT GRANT APPLICATION FOR SINGLE CLUB PROJECTS

ROTARY CLUB: _____

PROJECT TITLE: _____

AREA OF FOCUS: _____

Which of the 7 Rotary Area(s) of Focus goals are to be met? Peacebuilding and Conflict Prevention, Disease Prevention and Treatment, Water, Sanitation, and Hygiene, Maternal and Child Health, Basic Education and Literacy, Community Economic Development and Protecting Our Environment

TYPES OF PROJECTS ALLOWED FOR 2024-2025

- Local community projects
- Local humanitarian projects
- Local youth programs, including Rotary Youth Leadership Awakening (RYLA), Rotaract, Interact, & RYE
- Scholarships for any length of time, location or field of study in the 7 Areas of Focus

TOTAL REQUEST: \$ _____ *Not to exceed \$10,000.00 and / or only up to 33% of budget as outlined in Section 5. 3. Application will be reviewed by the District Grants Subcommittee for compliance with District policies, objectives, and will be dependent upon available funds.*

PRIMARY CONTACTS – MUST INCLUDE PRESIDENT ELECT AND *POINT OF CONTACT (POC)*
QUALIFYING MEMBER

PRESIDENT ELECT: _____
NAME

E-MAIL

TELEPHONE NUMBER

QUALIFYING POC _____
NAME

E-MAIL

TELEPHONE NUMBER

CLUB MAILING ADDRESS: _____

This is where the reimbursement check will be sent.

DESCRIBE THE PROJECT:

INCLUDE LOCATION, OBJECTIVES AND WHO WILL BENEFIT FROM THE PROJECT AND HOW THEY WILL BENEFIT. Attach further documentation if necessary.

2. DESCRIBE THE NON-FINANCIAL PARTICIPATION BY ROTARIANS IN THE PROJECT. Again, *attach further documentation if necessary.*

a.) Estimate the number of club members who will participate in project activities and project work hours.

Members _____ Project Work Hours _____

b.) Explain what your members will do, that is, examples of non-financial participation.

3. HOW WILL THE GENERAL PUBLIC KNOW THIS IS A ROTARY SPONSORED PROJECT?

Provide details, e.g., publicity in newspaper, display of Rotary wheel, plaque, social media, etc. Be sure to include that funding was provided by your club and funding from The Rotary Foundation of Rotary International.

4. COOPERATING ORGANIZATION

If the project involves a cooperating organization, detail how that organization will interact with Rotary in the project. Provide the name of the organization and attach a letter of participation from that organization that specifically states its responsibilities. By signing this application, the Rotary club sponsor endorses the organization as reputable, responsible, and acting within the laws of the state.

5. BUDGET

A. SOURCES OF FUNDING:

CLUB/CLUB FOUNDATION: \$ _____

PARTNERING ORGANIZATION(S): \$ _____

DISTRICT GRANT MATCH: \$ _____

TOTAL EXPECTED INCOME: \$ _____

B. ITEMIZED PROJECTION OF EXPENSES:

The District Grant Committee understands that items/expenses may change as a project progresses. Save all receipts and file copies of receipts with final report. RECEIPTS DATED BEFORE YOUR OFFICIAL NOTIFICATION OF AWARD WILL NOT BE HONORED AS RECEIPTS FOR MATCHING GRANT DOLLARS. Don't proceed until notified that the Grant has been approved by The Rotary Foundation.

Item Description	Amount
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
Total from additional pages if needed	_____
Total Projected Expenses	_____

APPLICATION IS DUE BY 5PM MAY 24, 2024 TO MARTHA NG, MNELSON2019@GMAIL.COM, 916-541-7413.

THE FINAL PROJECT REPORT FOR THIS GRANT IS DUE TO MARTHA NG BY 5PM ON MAY 16, 2025.

I HEREBY CONFIRM THAT THE ROTARY CLUB OF _____ IS COMMITTED TO THE UNDERTAKING OF THIS PROJECT AS AN ACTIVITY OF THE CLUB IN ACCORDANCE WITH DISTRICT 5180 AND THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL GUIDELNES.

I CERTIFY THAT THE CLUB IS CURRENT ON ITS ANNUAL TAX RETURNS.

CURRENT PRESIDENT: _____

PRESIDENT ELECT: _____

E-MAIL THIS APPLICATION BY 5PM MAY 24, 2024, TO: MARTHA NG, MNELSON2019@GMAIL.COM, 916-541-7413.