

# D5180 TRF DISTRICT GRANT APPLICATION FOR PARTNERING CLUBS

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*

THIS APPLICATION IS FOR TWO OR MORE CLUBS COMBINING FOR A MAJOR PROJECT. DURING THE 2024-2025 GRANT YEAR QUALIFIED CLUBS WILL BE ELIGIBLE FOR A 2 TO 1 MATCH.

TOTAL REQUEST OF ALL CLUBS: \$ \_\_\_\_\_

*Each qualified club is eligible for up to \$10,000.00 in District Grant funding and / or only up to 33% of budget as outlined in Section 5. Application will be reviewed by the District Grants Subcommittee for compliance with District policies, objectives, and will be dependent upon available funds.*

LEAD CLUB: \_\_\_\_\_

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.*

The lead club has primary responsibility for preparing the grant application and final report. Each partner club that wants matching grant funds must be certified to receive grant funds and sign both the application and final report.

PARTNER CLUB: \_\_\_\_\_

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.*

PARTNER CLUB: \_\_\_\_\_

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.*

PARTNER CLUB: \_\_\_\_\_

PRESIDENT ELECT: \_\_\_\_\_

NAME

E-MAIL

TELEPHONE NUMBER

QUALIFYING POC

NAME

E-MAIL

TELEPHONE NUMBER

CLUB MAILING ADDRESS: \_\_\_\_\_

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PARTNER CLUB: \_\_\_\_\_

PRESIDENT ELECT: \_\_\_\_\_

NAME

E-MAIL

TELEPHONE NUMBER

QUALIFYING POC

NAME

E-MAIL

TELEPHONE NUMBER

CLUB MAILING ADDRESS: \_\_\_\_\_

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ATTACH ADDITIONAL INFORMATION PAGES IF NEEDED.

1. DESCRIBE THE PROJECT:

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

Attach additional page if necessary

2. DESCRIBE THE NON-FINANCIAL PARTICIPATION BY ROTARIANS IN THE PROJECT.

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

Club members \_\_\_\_\_ Work Hours \_\_\_\_\_

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

Attach additional page if needed

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, et. Be sure to include funding was received from THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL.

4. COOPERATING ORGANIZATION

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

Attach additional page if necessary

5. BUDGET

A. SOURCES OF FUNDING:

LEAD CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNER CLUB/CLUB FOUNDATION:	\$ _____
PARTNERING ORGANIZATION(S):	\$ _____
DISTRICT GRANT MATCHING FUNDS:	\$ _____
 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. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
Total from additional pages if needed	_____
Total Projected Expenses	_____

APPLICATION IS DUE BY **5PM, MAY 24, 2024.**

I HEREBY CONFIRM THAT THE LEAD 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 GUIDELNES.

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

CURRENT PRESIDENT: \_\_\_\_\_

PRESIDENT ELECT: \_\_\_\_\_

I HEREBY CONFIRM THAT THE PARTNER ROTARY CLUB OF \_\_\_\_\_  
IS COMMITTED TO THE UNDERTAKING OF THIS PROJECT AS AN ACTIVITY OF THE CLUB IN  
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I CERTIFY THAT THE CLUB IS CURRENT ON ITS ANNUAL TAX RETURNS.

CURRENT PRESIDENT: \_\_\_\_\_

PRESIDENT ELECT: \_\_\_\_\_

ATTACH ADDITIONAL SIGNATURE PAGES IF NEEDED

E-MAIL THIS APPLICATION BY **5PM MAY 24, 2024** TO: MARTHA NELSON,  
[MNELSON2019@GMAIL.COM](mailto:MNELSON2019@GMAIL.COM), 916-541-7413.