

**The Rotary Foundation District Education Grant Application Form District 9790**

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

# Submit this completed District Grant Application Form to the District Scholarships Coordinator

# Dr Robert Iles

# Emai:l robert.iles@outlook.com.au

# See ‘GRANT MANAGEMENT MANUAL (1000-EN-912) which has been provided to your Club (also available at www.rotary.org) AND read the ‘Terms and Conditions for Rotary Foundation District Grants and Global Grants’ before applying.

**Also refer to “A Guide to District Grants.”**

1. **PROJECT DESCRIPTION**

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

 **Briefly explain the purpose of the educational project**

 **How will it meet the needs of the students involved?**

**Estimated start and completion date of project**

Start Date:

Completion Date:

# CO-OPERATING ORGANISATIONS

**(Please complete this section if your project involves a co-operating organisation to implement your project)**

1. **Name and address of co-operating organization**

# 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 organisation’s agreement to co-operate in any financial review of activities.

1. **PRIMARY PARTNER**

 The Rotary Club Of: 9790

**Project Committee:** A club committee of at least two Rotarians must be established. It is the committee’s responsibility to co-ordinate the project locally, monitor funds, and provide all reports including financial accounting to the District 9790 Grants Subcommittee and The Rotary Foundation via District *for the duration of the project.*

|  |  |
| --- | --- |
| **Primary Contact:** | **Additional Contact** |
| **Name:****Rotary Position/Title** **Email Address:** **Address:** **Ph:**  | **Name:****Rotary Position/Title:****Email Address:****Address:** **Ph:**  |

# 4/ PROJECT BUDGET

Please include complete itemized 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 If Applicable***

|  |  |  |
| --- | --- | --- |
| **Items to be purchased** | **Name of supplier** | **Cost in AUD** |
|  |  |  |
| **TOTAL** |  |  |

# 5/ PURCHASE OF EQUIPMENT

**Who will own the equipment and maintain, operate and secure items purchased with grant funds?**.

**If Applicable**

 **Will training in use and maintenance of technical equipment be provided?**

**If Applicable**

# If budget items are to be shipped, have arrangements been made for customs clearance?

# If Applicable

# PROPOSED FINANCING

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

|  |  |
| --- | --- |
| **Funding to be provided by:** | **Amount:** |
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|  |  |
| **Sub Total** |  |
|  |  |
| **Rotary District 9790 – DDF** |  |
| **TOTAL** (Must be equal to budget cost) |  |

1. **AUTHORISATION**

**All Rotary Clubs and Districts involved in this project are responsible to the Rotary Foundation 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 agreement to the following:**

* + **Each of the Rotary clubs participating in this project has lodged a ‘Club Memorandum of Understanding’ with the D9790 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**

**Primary Club:**

Club President Name:

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

# DISTRICT 9790 GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The District 9790 Grants Subcommittee Chair must certify the application as complete*.*

*If the application is not complete or eligible, it will be returned to the Primary 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 9790

Name:

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