Please complete all sections of this application. Attach additional pages as needed.

***Incomplete applications will be returned***.

**Email the application form as a signed and scanned .pdf** document.

**handwritten applications will not be considered**

Richard Blakeman. **Email**: [foundation.grants@rotary9800.org](mailto:foundation.grants@rotary9800.org)

PLEASE read: “A Guide to District9800 Foundation Grants” before completing this application   
available along with other information at <https://rotarydistrict9800.org.au/SitePage/foundation>

1. **PROJECT TITLE**

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1. **PROJECT DESCRIPTION**
2. **Briefly describe the project**

(describe the project, its objectives and how they will be implemented)

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1. **Describe the role of your Club (and each club in a multi-club project) in the design and implementation of the Project**

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1. **How will it meet the needs of the Community and how will they be involved?**

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1. **Estimated start and completion date of project:**

/ /

/ /

**Start Date:** **Completion Date:**

**Please note: A Final or Interim report must be received by April 30th 2024**

1. **Describe how the involvement of your Club, Rotary and Foundation will be publicised (both internally within Rotary and externally to the community).**

**This should include a written account of the project and photos. Please refer to the Public Image and Communication page on the district website for information and contact for ideas and support.**

**All forms of media should be considered, including print media (local community newspaper),**

**District Networker, club bulletin, club website and social media pages and even an article in RDU magazine.**

**Projects should also be entered onto the Showcase page of the MyRotary website.**

**Thought should also be given to sharing the story and photos on community social media sites.**

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1. **Other Information or comments**

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1. **CONTACT DETAILS**

**D9800 Rotary Club of ...................................................... (Lead Club)**

**Project Committee:** A committee of at least two Rotarians must be established. It is the committee’s responsibility to coordinate the project locally, monitor funds, and provide all reports including financial accounting to District 9800’s Foundation Grants Subcommittee and The Rotary Foundation via District *for the duration of the project.*

|  |  |  |
| --- | --- | --- |
| **Project Committee Details** | | |
| Name of Primary Contact |  | |
| Rotary Club Role/Position |  | |
| Email |  | |
| Mobile Number |  | |
| Rotary Club Bank Details  (payment will be by EFT) | Account Name |  |
| BSB |  |
| Account Number |  |

|  |  |
| --- | --- |
| Additional Contact | |
| Name |  |
| Rotary Club (if different) |  |
| Email address |  |
| Mobile Number |  |

1. **PROJECT BUDGET**

**Please include complete itemised budget for the entire project**.

Please answer questions provided about purchase of equipment, materials and supplies. Use additional pages if necessary***.*** ***Supporting documentation is required – e.g. supplier price quotes, budget worksheets and calculations.***

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| --- | --- | --- |
| **Items** | **Name of Supplier** | **Cost** |
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| **BUDGET TOTAL** | |  |

1. **PURCHASE OF EQUIPMENT OR OTHER ASSETS**

**(Note that items cannot be owned by a Rotary club or Rotarian, except in very exceptional circumstances pre-approved by The Grants Committee).**

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| **Who will own the equipment or other assets and maintain, operate and secure items purchased with grant funds?** |
|  |
| **Will training in use and maintenance of technical equipment be provided? If so, by whom?** |
|  |
| **If budgeted items are to be shipped, have arrangements been made for customs clearance?** |
|  |

1. **PROPOSED FINANCING**

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

**A MATCHING GRANT OF UP TO $4,000 PER CLUB MAY BE AVAILABLE WHERE MULTIPLE CLUBS ARE INVOLVED**

**(To qualify for a multiple-club grant, participating clubs must be both financial and active contributors to the project. Financial contributions from clubs must be from their individual, discrete sources).**

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| **Funding to be provided by:** | **Amount $** |
| **Rotary Club of:** |  |
| **Rotary Club of:** |  |
| **Rotary Club of:** |  |
| **Rotary Club of:** |  |
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| **SUB TOTAL** |  |
| **Rotary District 9800–DDF Block Grant ($1:$1 D9800 Rotary Club Contributions)** |  |
| **(up to $3,000 for single club and up to $12,000 for multi-club projects)** |  |
|  |  |
| **TOTAL** (Must equal BUDGET TOTAL) **$** |  |

**NOTE**

**District Grants are PAID to Clubs AFTER A SATISFACTORY Final REPORT and all receipts are submitted to the Grants Committee.**

**Grants funds will NOT BE INCREASED post approval**

1. **AUTHORISATION**

All Rotary Clubs and Districts involved in this project are responsible to the Rotary Foundation (TRF) 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 agreeing to the following:

* All information contained in this application is true and accurate, to the best of our knowledge
* The club has agreed to undertake this project as an activity of the club and to make required reports.
* We understand that if our club 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 club
* A full account of spending including copies of all receipts must be provided to the District Foundation Stewardship Committee [foundation.stewardship@rotary9800.org](mailto:foundation.stewardship@rotary9800.org)

|  |  |
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| **Primary (LEAD) D9800 Club:** |  |

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| --- | --- | --- | --- | --- |
| **President’s Name:** |  | | **Signature:** |  |
| **Date:** | ………./………../ |

1. **DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION**

The District Grants Subcommittee Chair must certify the application as complete*. If the application is not complete or eligible, it will be returned to the Primary D9800 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 9800 GRANTS SUB-COMMITTEE CHAIR SIGNATURE.............................................................

DATE: …………………………………………………….

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