Rotary Obstrict 5000	ROTARY D5000 DISTRI	CT GRANT APPLICATION Revised App: check box - >	[]			
Rotary year 202	-202 Email applications to gra	Final Report: check box ->	į į			
	Email applications to gra	ints@rotary05000.org				
Project Information						
Sponsor Rotary Club:	Rotary Club of .					
Project Name:						
Project Leader Name: Email address:		Ph# :				
Project (any substantia	al changes to the original appl	ication, complete a new app)				
Project Activity:			Noton Oommunite			
Select 1 category fro	•	nment, Health, Peace (inc. RYLA), V	vater, Community			
Locati	on of Project:					
Project Description: (One pa	ragraph describing the project)					
	· · · · · · · · · · · · · · · · · · ·					
what is the problem or numa	anitarian need being addressed?					
When do you anticipate doin	g this project and how long to com	plete the project?				
Who will benefit from this p	roject and how was the beneficiary	determined?				
What impact will be made by	y this project?					
Who will own the equipment or supplies?(Cannot be a Rotary member or club)						
Other groups/organization	n involved?					
A otivition to implement the	- project:					
Activities to implement this How will Rotary Members be						
What will the volunteers do?						
How will this Project he pu	ublicized?					
How will this Project be publicized?						

Project Budget		
Items to be purchased	Cost	Final Cost
1		
2		
3		
4		
Total		

Project Financing	$C_{ach}(1)$	"No Matab"	"Matabad" DDE	Total				
Club or Organization	Cash (1)	"No-Match"	"Matched" DDF	Total				
Rotary Club of								
Totals (2)								
Total Project Budget:		District Grant Funds Requested :						
(1) Clubs must provide \$1 for every \$1 of "Matched DDF" requested. Cash provided from non-Rotary organizations is not								
eligible for "Matched DDF" funds (list separately)								
(2) The total amount shown must match the total amount budgeted								
Project Reporting	· · · · · ·							
The sponsoring club is required to complete and submit final reports with applicable receipts (proof of								
payment) to the District Grants Subcommittee. Indicate below the individual who will take primary responsibility for								
submitting these reports. Name of person responsible : Ph#								
Email:								
Authorization By signing below, we agree to all of th								
 All information contained in this application is true and accurate, to the best of our knowledge. This application meets all criteria as stated in District Grants 'TERMS AND CONDITIONS'. The club has agreed to undertake this project as an activity of the club. We understand and will comply with the required Rotarian activities and reporting requirements as 								
 stated in District Grants 'TERMS AND CONDITIONS. Final reports will be submitted no later than two months after the completion the project, but no later than May 31st. 								
 Maintain club copies of this report and receipts physically and electronically for 5 years. 								
Club President:								
Name:		Signature						
Rotary Club of		Date:						
Final Report (Due 2 months after pro	iect completion.		n May 31st)					
I certify that the project was completed as approved and submit this final report with recipts (proof of payment.) Attach a write-up if there are changes and if you have more information. How many people benefited from this project? How many Rotary Members from your club participated?								
Club President:								
Name:		Signature						
Rotary Club of		Date:		· · · · · · · · · · · · · · · · · · ·				
Save file starting with with club name. Final reports due online no later than May 31st								
Email to: grants@rotaryd5000.org								