

2017-2018 APPLICATION FOR DISTRICT GRANT
Rotary District 5670

CLUB NAME (include Rotary ID#):

CLUB LOCATION:

Please complete ALL sections of this application. Feel free to expand sections or attach additional pages as needed. **Incomplete applications will not be considered.**

Applications must be submitted **no later than FRIDAY, SEPTEMBER 29, 2017**. All grant applications will be reviewed by the District Rotary Foundation Grants Committee, with award notification to applicant clubs anticipated no later than December 1, 2017. The dollar amount that the District Grant will match is **capped at \$1,000.00**. As an example, if your project will cost \$2,000.00 (or more), the District will provide a match of \$1,000.00, if approved; if your project will cost \$1,200.00, the District will provide a match of \$600.00. Priority consideration will be given to those clubs who have generously contributed to The Rotary Foundation (TRF) and Polio Plus in the 2016-2017 Rotary Year. **Those clubs who have donated nothing to The Rotary Foundation in the 2016-2017 Rotary Year will not be eligible for a District Grant in this cycle. Also be advised that the Final Report for a 2016-2017 District Grant must be submitted before a 2017-2018 District Grant could be considered for that club.**

PROJECT DETAILS

Provide a detailed description of the proposed service project for which you are requesting a matching TRF District Grant. Please include the following:

1. Project description (i.e. a succinct but thorough narrative; the “elevator speech” that would clearly let anyone understand your project):
2. Specific location of the project:
3. Who will be served by the project:
4. Why this project would be an appropriate/important project for your club to undertake:
5. How this project relates to the mission of The Rotary Foundation:
6. Description of signage or materials that will acknowledge your club and TRF as project funders:
7. How you will determine that your project was successful/achieved its purpose:

8. Detail your planned process and timeline (expand table as necessary):

Expected Start Date:	
Action Steps:	Approximate date/timeline:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Expected Completion Date:	

PROJECT BUDGET

Itemize your total project budget and identify which items District Grant funds (✓) would cover (expand table as necessary):

Items/Services to be Purchased	Cost	✓ TRF District Grant
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL COST	\$	

PROJECT FUNDING

- The Rotary Foundation District Grant can provide a matching grant of **up to \$1,000** (i.e. a dollar for dollar match) for NEW projects (other than 3rd Grade Dictionary Projects; see below).
NOTE: Proposed projects might cost more than \$2,000, but the District Grant match is capped at \$1,000.
- For first-time Dictionary Projects only, a District Grant can match \$.50 to each \$1.00 that the local club provides, or a 1:2 match, up to a maximum of \$500.

Sponsoring Rotary Club (name & Rotary ID#)	<u>Amount to be Contributed</u>
_____	\$ _____
Partnering Rotary Club (name & Rotary ID#)	
_____	\$ _____
(if applicable)	
District Grant Amount Requested	\$ _____
(see limits above)	
TOTAL	\$ _____

COORDINATING THE PROJECT

Sponsoring Club President _____
(Please Print)

Project Committee: A committee of at least three Rotarians must be established in the sponsoring club. It is the committee’s responsibility to coordinate the project locally, monitor funds and provide financial accounting to the District Grant Committee through the required Final Report or, if necessary, as additionally requested.

Primary Contact (name) _____
(Please Print) (Rotary I.D. Number)

Mailing Address _____

Rotary Position/Title _____ Preferred Telephone # _____

E-Mail: _____

Reporting Agreement

The President of the Sponsoring Rotary Club, accepting the responsibility for submitting the Interim Report (if project timing requires; see other information provided) and required Final Report, must sign this application.

Rotary Club of _____

Club President's Name (Please Print) _____

Signature _____ Date _____

When completed, mail original, signed copies of this Application Form and the Club MOU and email electronic copies (see below) to:

Larry Tobias
Rotary District Grant Chair
1307 Pioneer Road
McPherson, KS 67460-8043

Phone: 785-640-0702
Email: lwtobias@gmail.com

NOTE: The hard copies of these forms are requested because of the original signature requirement. Electronic copies, also requested to be submitted to the contact above, do not require a signature. Applicants are also requested to retain copies of these documents in both hard and electronic formats for future reference.