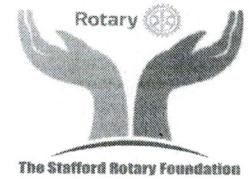


**Rotary Club of Stafford
Stafford Rotary Foundation**



Service Project Grant Application

**This application is to be completed in its entirety by the
Stafford Rotary Club (SRC) Project Sponsor**

Application Date: 4/12/2019

Type of Request (Indicate one using "X"):

- Specific Project Support
- Operational Support

RECIPIENT ORGANIZATION INFORMATION

Recipient Organization (Name): Stafford Rotary

Website:

Organization Primary Contact for this Project:

Name: Lori Hayes

Title: Community Service

Chair

W phone: 5403700836

C phone: 7032032224

E-mail: lori@calypsokennels.com

Organization Description (up to 50 words): The funds would be applied towards the Meals of Hope project that will take place on May 11, 2019 at Mountain View High School. Recipients of the meals will be through area agencies and faith based organizations

Organization Budget and Tax Status

*** Annual Operating Budget: \$**

*** Tax Status (indicate one using "X"):**

- 501(c)3
- Government
- Private
- Other (specify):

SERVICE PROJECT INFORMATION

Proposed Service Project Title: Meals of Hope

SRC Project Sponsor Name and Title:

Service Project Category (indicate one using "X"):

- Promoting Peace
- Fighting Disease
- Providing Water & Sanitation
Saving Mothers & Children

- Supporting Education
- Growing local Economies

- Promoting Ethics
- Other (specify)

Proposed Service Project Description (up to 50 words): Stafford Rotarians will partner with area agencies, churches and schools to package and distribute 40,000 meals. The meals will be distributed to those organizations who work with those with food insecurities.

Who will benefit from this project (up to 25 words): Area residents who experience food insecurities.

Indicators that can be used to evaluate the success of the project (list up to five (5) in up to 50 words): 1. Partnering with area agencies, churches and schools will assist in building a lasting relationship. 2. The project will provide food that may be outside of the normal avenues for food distribution i.e. social services thus addressing food insecurities in populations that are normally not as connected to the usual assistant routes such as the elderly. 3. Involvement with area Interact Clubs will assist in showing them how our club gives back to the community and encourage them to implement these types of programs for their clubs.

Proposed Service Project Total Budget and Time Period:

* Total Budget: \$ 9200.00

* Total time to complete project: Actual event 3-4 hours planning and prep 40 hours

* Distribution and Notification Needs:

→ Date needed for Notification of project funding: As soon as possible

→ Date Funding needed by: May 10, 2019

Amount Requested of The Stafford Rotary Foundation (SRF): \$ 3000.00

How Many Times Has This Project Been Funded in the Past Five (5) Years?: Last year the Foundation provided some funding for the program.

List Awards by SRF to This Project in the Past Five (5) Years. Begin with most recent \$:
3750.00

Total Other Financial Support (Pending or Requested) for this Project: None other than Rotary

* Amount Secured: \$ _____ Source(s): _____

* Amount Pending: \$ _____ Source(s): _____

* Is this funding intended to support a Rotary International Global Grant? Yes No

SRC Member Involvement in this Project:

* Describe support involvement in project or recipient organization by:

* SRC Sponsor (up to 25 words): Lori Hayes will be the point of contact for the project.

* Other SRC members (up to 25 words): All Club Members will be asked to assist with the project.

* Describe opportunities for additional SRC members to be involved (up to 25 words): Members can assist with organizing organizations asking for food assistance as well as working with volunteers to direct them prior to the

Please continue to the final page, AUTHORIZING SIGNATURES. Print the page, obtain the signatures, and provide a paper or electronic copy to the appropriate Service Committee Chair as part of a completed application.

AUTHORIZATION SIGNATURES

Recipient Organization Representative

If this grant is awarded, we Stafford Rotary hereby commit to:
Name of Organization

* Use the funds as intended and described in this application, and

* Acknowledge the support of the Stafford Rotary Club and The Stafford Rotary Foundation at an event or program or social media (if applicable) and through our organization's promotional literature and/or website.

LORI HAYES Lori Hayes Community Serv 4-15-19
Name (Please print) Signature Title Chair Date

Project Sponsor

By submitting this application, I hereby commit to completing a final report within three (3) months of project completion and no later than June 15 of current year describing:

- * How the project was successfully completed.
- * How The Stafford Rotary Club Foundation funds were used to support the project.
- * How support from The Stafford Rotary Foundation was acknowledged.

Lori Hayes Lori Hayes Community Service Chair 4-15-19
Name (Please Print) Signature Title Date

Official Use Only

Actions

- * The Stafford Rotary Foundation Board
- * Date: _____
- * Circle One: Approved Denied Modified

Notification of Action by SRF Board

- * SRF Sponsor - Date: _____ by whom: _____
- * Recipient Organization - Date: _____ by whom: _____

Award Disbursed Date: _____ **by whom** _____

Final Report Received Date: _____ **by whom** _____