# Rotary District 6220

# District Project Fund and District Grant Application

This application is for (check one):

\_\_\_\_\_\_ District Project Fund (apply anytime) \_\_\_\_\_\_ District Grant (due May 15th)

Up to $2,599 $2,600 to $7,500 (one club) or $15,000 (multiple clubs)

Has your club contributed a minimum of $40 per member to the Rotary Foundation

\_\_\_\_\_ Yes \_\_\_\_\_ No Date Verified:

Date your club submitted the Memorandum of Understanding (MOU) to the District Secretary?

Date:

Member name and date your club attended the Grant Management Seminar?

Member Name: Date:

Is this an international project or one that will be implemented outside District 6220?

\_\_\_\_\_ No \_\_\_\_\_ Yes. If yes, complete Addendum A

PRIMARY ROTARY CLUB:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CONTACT: | |  | | |
| PHONE #1: | | | | PHONE #2: |
| EMAIL: |  | | | |
| ADDRESS WHERE  CHECK SHOULD  BE SENT: | | |  | |

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| --- |
| PROJECT AREA(S) OF FOCUS (required for District Grant only): |
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|  |  |
| --- | --- |
| PROJECT TITLE: |  |

|  |  |
| --- | --- |
| AMOUNT REQUESTING: |  |

|  |  |  |
| --- | --- | --- |
| LOCATION: (List multiple locations if applicable) - | | |
| Project Site |  |  |
| City/Village: | State: | Country: |

**SECTION 1: PROJECT DETAIL**

*NEED/PROBLEM: Describe the problem or need the project will address. Include information on the intended beneficiaries.*

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*OBJECTIVE(S): Describe the overall project, what will be accomplished as a result of the project, and how you will know when the objective(s) have been obtained.*

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*ACTION PLAN AND TIME LINE: Describe what actions will take place to accomplish the objective(s) and estimated length of time needed to complete the project.*

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*SUSTAINABILTIY: Describe how the benefiting community will maintain this project after grant funding has been fully expended.*

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*INVOLVEMENT: Describe specific activities that Rotarians will be involved in with this project. Note that financial support is not considered active Rotarian involvement.*

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**SECTION 2: PROJECT BUDGET**

Include a spreadsheet that details project costs and income. Project costs must equal income. Include a brief explanation if it may help the reviewers understand the budget.

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**SECTION 3: AUTHORIZATIONS**

All Rotary Clubs and Rotarians involved in this project are responsible for the implementation of the project and its subsequent reporting. The signatures of all involved parties confirm that they understand and accept responsibility for the project.

By signing this application, we agree to the following:

* + All information contained in this application is, to the best of our knowledge, true and accurate, and we intend to implement the project as presented in this application. Any alterations or changes in scope must have prior approval.
  + We ensure all cash contributions (as detailed in Project Budget).
  + RI D-6220, RI and TRF may use information contained in this application to promote the project.
  + The partners agree to share information on best practices when asked, and RI D-6220 and TRF may provide partners’ contact information to other Rotarians. who may wish advice on implementing similar projects.
  + To the best of my knowledge and belief, except as disclosed herewith: neither I nor any person with whom I have or had a personal or business relationship is engaged, or intends to engage, in benefiting from grant funds or has any interest that may represent a potential competing or conflicting interest. A conflict of interest is defined as a situation in which a Rotarian, in relationship to an outside organization, is in a position to influence the spending of grant funds, or influence decisions in ways that could lead directly or indirectly to financial gain for the Rotarian, a business colleague, or his or her family, or give improper advantage to others to the detriment of TRF. (NOTE: Any and all exceptions must be explained in an attached statement.)
  + The Club agrees to comply with all applicable terms and conditions of “The Memorandum of Understanding” and the document “Terms and Conditions for Rotary Foundation District Grants and Global Grants.” The Rotary Foundation, RI D-6220 Audit Committee and/or the RI D-6220 District Foundation Compliance Officer have the authorization to audit the project at any time.

Primary Club Project Contact:

*I understand, and that by signing below indicate responsibility for completing all required reporting.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Rotary Position: |  | |
| Email: |  | | | | | |
| Phone #1: | | | Phone #2: | | | Phone #3 |
| Address: | |  | | | | |

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Signature Date

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President’s Signature (if other than above) Date

Participating Club Contact:

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| --- | --- | --- | --- | --- | --- |
| Club Name: | | District #: | | | Club #: |
| Name: |  | | Rotary Position: |  | |
| Email: |  | | | | |
| Phone #1: | | Phone #2: | | | Phone #3 |

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President’s Signature Date

Add Additional Participating Clubs as Needed

COOPERATING ORGANIZATION (if there is one). A *cooperating organization* is an organization that is directly involved in the implementation of the project, offering technical expertise and project coordination. A *benefiting entity* is the recipient of goods or services and is not considered a cooperating organization.

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| --- | --- | --- |
| ORGANIZATION: | | |
| CONTACT NAME: | | |
| PHONE #1: | PHONE #2: | PHONE #3: |
| EMAIL: | | |

**\_\_\_\_\_\_A *Letter of participation from the cooperating organization is attached that specifically states its responsibilities and how it will interact with Rotarians, and the organization’s agreement to cooperate in any financial review of the project.***

**SECTION 4: HOST PARTNER CONTACTS AND AUTHORIZATIONS**

***Complete this section ONLY if the project is a district grant, is international and/or will be conducted outside of RI District 6220***. The host partner is the Club or District with a project outside RI D- 6220’s designated territory that assumes partnership responsibilities for the project. If the project is international, a host partner is required. A committee of at least three Rotarians from the host partner Club must be established to oversee the project. The committee members must be committed for the duration of the grant process.

Host Partner

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| --- | --- |
| Rotary Club: | RI District #: |
| Country: | Club #: |

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| --- | --- | --- | --- | --- |
| Primary Contact | | |  | |
| Name: | | | | Rotary Position: |
| Email: |  | | | |
| Phone #1: | | | | Phone #2: |
| Address: | |  | | |

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Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alternate Contact #1 | | |  | |
| Name: | | | | Rotary Position: |
| Email: |  | | | |
| Phone #1: | | | | Phone #2: |
| Address: | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Alternate Contact #1 | | |  | |
| Name: | | | | Rotary Position: |
| Email: |  | | | |
| Phone #1: | | | | Phone #2: |
| Address: | |  | | |

**GRANT SUBMISSION: Email completed grant applications**

District Project Funds to Lois Ellis: [*lois.ellis@daeda.org*](mailto:lois.ellis@daeda.org)

District Grants to Judy Nagel: [*jknagel51@gmail.com*](mailto:jknagel51@gmail.com)