**Rotary District 6400 Community Grant Individual and Collaborative**

**Project Report**

Return this completed form by email to your District Committee Grants Chair – rotary6400grants@gmail.com

|  |  |
| --- | --- |
| Rotary Club(s):: |        |
| Project Title: |        |
| Final report | [ ]  |

**Project Description**

1. Describe the project. What was done, when, and where did project activities take place?

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| 2. How many people benefited from this project? |       |

3. Who were the beneficiaries, how were they impacted by this project, and what humanitarian need was met?

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| 4. How many Rotarians participated in the project? |       |

5. What did they do? Please give at least two examples, not including financial support provided to the project.

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6. If a cooperating organization was involved, what was its role?

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###### **Financial Report** (District must retain receipts of all expenditures for at least five years)

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| --- | --- | --- | --- | --- |
| Currency Used: |       | Exchange Rate: |       | = 1 USD |

7. Income **(Total Income must equal Total Expenses)**

|  |  |  |
| --- | --- | --- |
| **Sources of Income – (For Collab Grants-List Club Contributions Separately)** | **CAD** | **USD** |
| 1. District Community Grant funds requested from District 6400 |       |       |
| 2. Other funding (Specify)       |       |       |
| 3. Other funding (Specify) |  |  |
| 4. Other funding (Specify) |  |  |
| 5. Other funding (Specify) |  |  |
| 6. Other funding (Specify) |  |  |
| 7. Other funding (Specify) |  |  |
| 8. Other funding (Specify)       |       |       |
| **Total Project Income**  |       |       |

8. Expenditures (please be specific and add lines as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Items** | **Name of Supplier** | **CAD** | **USD** |
| 1.       |       |       |       |
| 2.       |       |       |       |
| 3.       |       |       |       |
| 4.       |       |       |       |
| 5.       |       |       |       |
|  **Total Project Expenditures**  |  |       |       |

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**Attach 3 pictures of the project. Attach all receipts.**

**Certifying Signature**

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI’s sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

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| Certifying Signature |  | Date: |       |
| Print name, Rotary title, and club |       |

Reimbursement Check should be made out to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reimbursement should be mailed to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by the District 6400 Rotary Foundation Committee Chair:

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| --- | --- | --- | --- |
| District Grant # |       | Individual Project Report # |       |

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