# Certificate of Completion – District Grant Qualification Training

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, President Elect of The Rotary Club of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that our club has reviewed and completed the District Grant Qualification Training PowerPoint presentation.

The club member/members who will be contact persons as regards any District Grant application made by this club are:

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| --- | --- | --- | --- |
| Name | Email | Address | Cell # |
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Signed this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 2020.

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