**Notes: Only one project per club, whether as a single-club project or in partnership with other clubs.  Amount of grant cannot exceed $3,000 per club, either alone or in partnership with other clubs.  Obtain approval of any partnering clubs before submission, since this application will count as their application as well.**

**Send this completed form to the District Grants Chair Bobby Baker,** [**gooberreb@aol.com**](mailto:gooberreb@aol.com) **and copy Carol Foley,** [**cfdistrict7610@gmail.com**](mailto:cfdistrict7610@gmail.com)

|  |  |  |  |
| --- | --- | --- | --- |
| **Project name** | Project Recovery | | |
|  |  |  |  |
| **Rotary club name** | Rotary Club of Sterling | | |
|  |  |  |  |
| **Rotary club number** | 25458 | | |
|  |  |  |  |
| **Project objective (What will be accomplished by this project)** | | | |
| We will continue to support the local hospitals and first responders in PPE gear. Support the local food pantry in Loudoun County. | | | |
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| **Which AREA(S) OF FOCUS are addressed by this project? (Not required - but priority is given if there is one.)** | |  | |
|  |  |  |  |
| **Community or neighborhood served** | | | |
| Sterling and eastern Loudoun County. | | | |
|  |  |  |  |
|  |  |  |  |
| **Number of beneficiaries** | We will be servicing the Community |  |  |
|  |  |  |  |
| **Project beginning date (09/01/2020): (Note: funds may not be available before September.)** | | | |
| September 1, 2020 | |  |  |
|  |  |  |  |
| **Project ending date (05/01/2021): (Note: should not be later than May 1.)** | | | |
| May 1, 2021 | |  |  |
|  |  |  |  |
| **Sustainability: A sustainable grant provides long term solutions to community problems that community members themselves can support after the grant funding ends.** | | | |
|  |  |  |  |
| **Is this grant project providing training, (skill and knowledge)? If yes, how will this help provide sustainability?** | | | |
| No training involved. However, local deliveries will be made by Sterling Rotarians to food pantry, frontline healthcare workers and first responders. | | | |
|  |  |  |  |
| **Will the grant project purchase local for expendable supplies? If yes, how will this help provide sustainability?** | | | |
| Many frontline healthcare workers are in dire need of Personal Protective Equipment (PPE) and the grant project will help assist them with their supply and demand. | | | |
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| **Will this grant project encourage local ownership and find local funding for maintenance? If yes, please describe.** | | | |
| N/A | | | |
|  |  |  |  |
| **Describe any other ways the grant project will be sustainable.** | | | |
| It will provide long-term support with much needed resources and equipment to the community as we continue to move forward with developing a cure for the Coronavirus. | | | |
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| **Is there a non-Rotary partner organization involved?** | |  | |
|  |  |  |  |
| **If a non-Rotary partner is involved, name of organization:** | | | |
| N/A | | | |
|  |  |  |  |
| **If a non-Rotary partner is involved, describe the partner’s involvement:** | | | |
| N/A | | | |
|  |  |  |  |
| **Rotary Involvement: List other Rotary Clubs partnering with your club (if NONE, so state) — obtain their permission** | | | |
| NONE | | | |
|  |  |  |  |
| **Rotary Involvement: Number of Rotarians involved in the project.** | | | 15-20 |
|  |  |  |  |
| **Rotary Involvement: Describe Rotary's and Rotarian involvement in the project.** | | | |
| Sterling Rotarian’s are community service people. Covid-19 has left our less fortunate residents in need of food and PPE. Sterling Rotary area of focus is disease, prevention and treatment. We are in a pandemic and our local community needs our support. | | | |
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| **Project Budget: Labor ($)** | |  |  |
|  |  |  |  |
| **Project Budget: Supplies and Materials ($)** | | $1500  Food Pantry and Sterling area families | |
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| **Project Budget: Equipment ($)** | | $750 | |
|  |  |  |  |
| **Project Budget: Other ($)** | | $750 | |
|  |  |  |  |
| **Project Budget: TOTAL ($)** | | $3000.00 (+ the club’s 10%) | |
|  |  |  |  |
| **TOTAL Amount of Grant Request (see note at** | | $3,000 | |
| **the top for maximum amount for each partnering club involved, including yours)** | | | |
|  |  |  |  |
| **District Grants require each club involved to contribute an additional amount of 10% of their portion of the requested grant.** | | | |
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| **Copies of receipts must be submitted with the final report. Original receipts for all expenditures must be retained by the club for three years. Approved expenditure receipts must equal the grant amount. Club will be responsible for reimbursing to the District Foundation any difference.** | | | |
|  | | | |
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| **Receipts for all expenses will be due at the time of filing the final report and will be retained for at least three years and made available for auditing purposes. The final project report will be due to the District Grants Chair no later than 45 days after project ending date.** | | | |
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| **Failure to comply with the terms of the Grant may result in the club being financially responsible for refunding the amount of the Grant.** | | | |
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| **By signing this grant request, I confirm that our Rotary Club is requesting a District Grant in the amount above will be spent in accordance with Trustee approved guidelines and the Terms and Conditions of Grant Awards. All information contained herein is true and accurate.** | | | |
|  |  |  |  |
| [*Click here to review TRF terms & conditions for grants*](http://www.rotary7610.org/Grants%20Terms%20and%20Conditions.html) | | | |
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| **Rotary Club President. Typed name and date represent an authorized signature.** | | | |
|  |  |  |  |
| **First Name** | Lynne | **Last Name** | Ast |
|  |  |  |  |
| **Signature date (05/15/2020)** | |  | |
|  |  |  |  |
| **Rotary Club contacts (two required) responsible for the reporting process.** | | | |
|  |  |  |  |
| **Contact 1 First Name** | Linda | **Contact 1 Last Name** | Walker |
|  |  |  |  |
| **Contact 1 telephone (###-###-####)** | |  | |
|  |  |  |  |
| **Contact 1 - email (name@domain.com)** | |  | |
|  |  |  |  |
| **Contact 2 First Name** |  | **Contact 2 Last Name** |  |
|  |  |  |  |
| **Contact 2 telephone (###-###-####)** | |  | |
|  |  |  |  |
| **Contact 2 - email (name@domain.com)** | |  | |