**The Rotary Foundation**

**District Grant Application**

**Rotary Year 2019 - 2020**

**SUBMITTED BY THE ROTARY CLUB OF:** Enter Club Name.

**1.) PROJECT DEFINITION (Please describe the project):**

**A. Project Description:**

Enter Project Description.

**B. Active Rotarian Involvement:**

Enter Active Rotarian Involvement.

**C. Humanitarian Benefits:**

Enter Humanitarian Benefits.

**D. Publicity Plan:**

Enter Publicity Plan.

**2.) STARTING DATE:** Click here to enter a date.

**3.) COMPLETION DATE:** Click here to enter a date.

**4.) CLOSING REPORT SUBMITAL DATE (DUE WITHIN 30 DAYS OF PROJECTION**

**COMPLETION DATE):** Click here to enter a date.

**5.)**  **PROJECT BUDGET:**

Item Description Cost

|  |  |
| --- | --- |
| Enter Item Description. | Enter Cost. |
| Enter Item Description. | Enter Cost. |
| Enter Item Description. | Enter Cost. |
| Enter Item Description. | Enter Cost. |
| Enter Item Description. | Enter Cost. |
|  |  |
| **Total Cost** |  |

**6.)** **PROJECT FINANCING:**

*The Grants Committee will contribute $1.00 for each dollar contributed by the sponsoring Rotary Club* up to a maximum of **$2500** in Rotary Year 2019-20.

|  |  |
| --- | --- |
| **Amount Funded By Sponsoring Rotary Club** | Enter Amount. |
| **Amount Requested From District Grants Committee** | Enter Amount. |
| **Funding From Additional Sources** | Enter Amount. |
|  |  |
| **Total Project Financing** |  |

**7.)** **PROJECT COMMITTEE:** A committee of at least two Rotarians is required. It is the committee’s responsibility to coordinate the project locally, monitor funds, and provide financial accounting to the Rotary Foundation for the duration of the project per **The Memorandum of Understanding** signed during the District 7770 Foundation, Grants Management, Membership, Public Image Seminar held September 21, 2018.

**PRIMARY CONTACT:**

**Name:** Enter Name.

**Rotary Position/Title:** Enter Position.

**E-mail Address:** Enter Email Address.

**Telephone (Home or Office):** Enter Phone #.

**Telephone (Cell):** Enter Cell Phone #.

**SECONDARY CONTACT:**

**Name:** Enter Name.

**Rotary Position/Title:** Enter Position.

**E-mail Address:** Enter Email Address.

**Telephone (Home or Office):** Enter Phone #.

**Telephone (Cell):** Enter Cell Phone #.

## **CLUB AGREEMENT STATEMENT**

**PLEASE CHECK IF YOU AGREE WITH THE STATEMENT BELOW:** ☐

This document is the **ELECTRONIC APPLICATION** defined in Section 2(d)(3) of the **Memorandum of Understanding (MOU)** provided by Rotary District 7770 for Clubs participating in the District Grant Program. It is an agreement between the Club and District 7770 explaining what measures the Club will undertake to ensure proper implementation of District Grant activities and management of Rotary Foundation Grants Funds. By authorizing this document, the Club agrees it will comply with all Foundation requirements contained within the **MOU** executed during The Grants Management Seminars conducted during Rotary Year 2018-19 and will achieve Total Giving status during Rotary Year 2018 - 19. Club **MUST** submit a Closing Report within 30 days of project completion.

**Submit Form Electronically By May 15, 2019 To:**

Bob Gross

Bobgross.rotary7770@gmail.com

(843) 321-0196 – Cell Phone

**Rotary Club Of:** Enter Club Name.

**Club President (Rotary Year 2019–20):** Enter Club President.

**Date:** Click here to enter a date.

**District Grant Number**  - **FOR GRANT COMMITTEE USE ONLY**

**Date Received:** Click here to enter a date.

**Date Approved:** Click here to enter a date.

**District 7770 Grants Committee Members:**

**Name:** \_\_\_Retta Guthrie\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signature Date**

**Name:** \_\_\_David Tirard\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signature Date**

**Name:** \_\_\_Bob Gross\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signature Date**

**Name:** \_\_\_Debra Burt\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signature Date**

**Name:** \_\_\_Sandee Brooks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Signature Date**

**Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District Rotary Foundation Chair – Sandee Brooks**