

2016-2017 APPLICATION FOR DISTRICT GRANT
Rotary District 5670

CLUB NAME:

CLUB LOCATION:

Please complete ALL sections of this application. Feel free to expand sections or attach additional pages as needed. **Incomplete applications will be returned.**

Applications should be submitted after MAY 1, 2016 and no later than AUGUST 15, 2016. Grants will be reviewed by the District Foundation Grants Committee and clubs will be notified of approval/disapproval NLT SEPTEMBER 15, 2016. Please remember that the dollar amount that the District will match will match up to \$800.00. As an example, if your project will cost \$1,600.00, the District will provide a match of \$800.00, if approved; if your project will cost \$600.00, the District will provide a match of \$600.00. Priority consideration will be given to those clubs who have generously contributed to the Rotary Foundation and Polio Plus in the 2015-2016 Rotary Year. **Those clubs who have donated nothing to the Rotary Foundation in 2015-2016 will not be eligible for a District Grant. Also be advised that the “After Action Report” for grants for the 2015-16 Rotary year must be submitted before any new grants can be approved.**

PROPOSED PROJECT DESCRIPTION

Write a detailed description of the local or international humanitarian need met by this proposed service project. Please include the following:

1. Who will benefit?

2. Where will the project take place?

3. What are the realistic and measurable goals of the project?

4. What will take place? (Outline your step-by-step strategy)

PROPOSED FINANCING

- The District will match up to \$800 to \$800 the local club provides, or a 1:1 match, for new projects [other than dictionary projects] (local projects might cost more than \$1,600, but the District match is capped at \$800).
- The District will match \$.50 to each \$1.00 that the local club provides, or a 1:2 match, for first-time dictionary projects, up to a maximum of \$500.

	<u>Amount Contributed</u>
Sponsoring Rotary Club (name)_____	\$ _____
Partnering Rotary Club (name)_____	\$ _____
(if applicable)	
Amount Requested from District RF Committee	\$ _____
(see limits above)	
TOTAL	\$ _____

COORDINATING THE PROJECT

Sponsoring Rotary Club ID Number_____

(Please Print)

Club President_____

(Please Print)

Project Committee: A committee of at least three Rotarians must be established in the sponsoring club. It is the committee’s responsibility to coordinate the project locally, monitor funds, and provide financial accounting to the District RF Committee.

Primary Contact (name)_____

(Please Print)

(Rotary I.D. Number)

Mailing Address_____

Rotary Position/Title_____ Tel: Work_____

Home_____

E-Mail:_____

Reporting Agreement

The President of the Sponsoring Rotary Club, accepting the responsibility for submitting the required interim and final reports, must sign this application.

Rotary Club of _____

Club President's Name (Please Print) _____

Signature _____ **Date** _____

*When completed, mail this Application Form and a signed copy of the club MOU to:

Larry Tobias
1307 Pioneer Road
McPherson, KS 67460-8043

Phone: 785-640-0702
Email: lwtobias@gmail.com

*We recommend keeping an electronic copy of this document, but **request a hard copy be sent** to the above contact, due to the original signature requirement.