



DISTRICT 5320

ORANGE AND SOUTHERN LOS ANGELES COUNTY

DISTRICT SIMPLIFIED GRANT APPLICATION

Please print or type all information and use additional sheets of paper if necessary. **Incomplete applications will be returned.**

ROTARY CLUB OF _____

AMOUNT REQUESTED FROM DISTRICT _____

Not to exceed \$1500 and/or the amount contributed by the Rotary club

PROJECT DESCRIPTION:

Please describe the project, its location, the objectives, and how they will be attained. Note: The project cannot be started until the District Simplified Grant Application is approved by the district grants subcommittee which takes approximately two weeks.

1. What is the purpose of this project?

2. How will it meet the needs of the community?

Estimated project start date _____ Estimated project completion date _____

OTHER NON-ROTARY ORGANIZATIONS:

If this project involves a cooperating organization, provide the name of the organization below, attaching a letter of participation from that organization that specifically states its responsibilities and how Rotarians will interact with the organization in the project. By signing this application, the Rotarian sponsors endorse the organization as reputable and responsible.

Name of Organization _____

PROJECT BUDGET:

Include a complete itemized budget for the entire project. Please use separate pages if necessary. Price quotes from the supplier and/or other cost documentation must be attached for each item.

TOTAL _____

PURCHASE OF EQUIPMENT, MATERIALS OR SUPPLIES:

1. Who will own equipment, materials, or supplies?

2. Who will be responsible for maintenance, operating, and/or storage costs of the equipment/supplies?

PUBLICITY:

How will the general public know that this is a Rotary-sponsored project? Please provide details, e.g. publicity in a newspaper or display of the Rotary wheel (complying with RI guidelines).

ROTARIAN INVOLVEMENT:

Please list below the activities your club will undertake demonstrating the active involvement of Rotarians in this project.

REPORT:

A final report must be submitted to the District Grants Subcommittee. Please indicate below the individual who will take primary responsibility for submitting this report.

Name _____ Signature _____

PROJECT CONTACTS:

Primary Contact

Secondary Contact

Name_____

Name_____

Rotary position_____

Rotary position_____

E-mail_____

E-mail_____

Address_____

Address_____

Telephone_____

Telephone_____

home

home

office

office

PROJECT AUTHORIZATION:

All Rotary clubs and districts involved in this district are responsible to The District 5320 Foundation Grants Subcommittee and ultimately to The Rotary Foundation of Rotary International for the conduct of the project and for reporting on it. The signature at the bottom of this page confirms that the sponsors understand and accept responsibility for the project.

By signing below, I agree to the following:

- All information contained in this application is true and accurate, to the best of my knowledge.
- The club has agreed to undertake this project as an activity of the club.
- I understand and will comply with the required Rotarian activities and reporting requirements.
- I agree that, should the project take more than six months to complete, interim reports will be submitted every six months, and final reports will be provided no later than two months after the completion of the project.

Club_____

Club president (print name)_____

Signature_____

Date_____