**Use this form as a worksheet to begin collecting data about your grant**

If you have trouble with this, contact

**District Contact**

Bill Harley

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Clemson, SC 29633

Home: 864-654-9927

Office: 864-653-7629

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Important: Be sure you have reviewed "District Grants Guidelines" to ensure your grant meets the criteria for funding

|  |
| --- |
|  |
| **Club Name** |
|  |
| **Project Title** |
| ( 5 words or less) |
|  |
| **Project Description** |
|  |
| Describe the project, its objectives, and how they will be attained. |
|  |
|  |
| Community or Neighborhood Served |
|  |
|  |
| Number of Beneficiaries |
| Stop here if the number of beneficiaries is low - your grant is unlikely to be funded. See District Grants Guidelines |
|  |
|  |
| Start Date |
|  |
|  |
| Anticipated Completion Date |
|  |
| Other Non-Rotary Organizations |
| If this project involves a cooperating organization, please provide the name of the organization, and attach a letter of participation from that organization that specifically states its responsibilities and how it will interact with Rotarians during this project. |
|  |
| Name of Organization |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| NOTE: Rotary Organization's Letter of Participation. This application is not complete until receipt of that letter. |
|  |
|  |
| Rotary Clubs Involved in Project |
|  |
| Number of Rotarians Involved in Project |
|  |
| Rotary Branding |
| Describe prominence of the Rotary brand during and after the project |
|  |
| Active Rotary Participation |
|  |
| Check the boxes demonstrating the active involvement of the Rotarians in this project. Assessment of needs and development of project plan |
|  |
| * Establishment of a committee of at least three Rotarians to oversee the expenditure of funds |
| * Involvement in the implementation of the project |
| * Provision of evidence of community involvement and ownership |
| * Organization of meetings with local service providers, local officials and/or recipients |
| * Promotion of the project to local media, club and district meetings |
|  |
| Describe Rotary's and Rotarians' involvement in the Project: |
|  |
| Project Budget |
| Include a complete itemized budget for the entire project |
|  |
| Ownership |
| Who will own the equipment, material or supplies purchased with grant funds? (Note: cannot be owned by a Rotarian or Rotary club.) |
|  |
|  |
| Who will be responsible for maintenance, operating expenses and storage costs of the equipment or supplies? |
|  |
| Proposed Financing |
|  |
|  |
| Please list all financing and indicate cash or District Grant fund amounts |
|  |
| Amount Contributing |
| Rotary Club $ |
| D-7750 Grant Request $ |
| Other Sources $ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Project Cost: $ |
|  |
|  |
| "All or Nothing" \* |
| Some clubs have stated that if the grant won't be funded 100% as proposed, they would not be able to do the project. If you prefer this grant be considered ONLY if 100% funded, check this box. |
| * All or Nothing - consider only if 100% funded |
|  |
| Grant Check should be sent to: |
|  |
| Name: |
| c/o Rotary Club of |
| Address: |
|  |
| City/State/Zip: |
| Phone: |
| Email: |
|  |
| **Club President** |
| (for upcoming Rotary year) |
|  |
| Name: |
| Address: |
| City/State/Zip: |
| Phone: |
| Email: |
|  |
| **Club Foundation Chair** |
|  |
| Name: |
| Address: |
| City/State/Zip: |
| Phone: |
| Email: |

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