



D5910 District Grant Application

Complete and return to:

Walter Hinkle

2405 Texas Avenue South, Suite 306

College Station, TX 77840

979-361-3301

Email signed copy to:

whinkle@laseranswering.com

by August 1, 2019

District Grant # _____ **Individual Project Report #** _____

Rotary Club: _____

Our club is currently qualified under rules for Rotary District Grants. ____ Yes ____ No

Name of member(s) who attended Qualifications Training: _____

Project Description

1. Briefly describe the project. What will be done, when and where will project activities take place, and who are the beneficiaries? Outline your spending and publicity plan.

2. How many Rotarians will participate in the project? _____

3. What will they do? Please give at least two examples. _____

4. How many non-Rotarians will benefit from the project? _____

5. What are the expected long-term community impacts of the project?

6. If a cooperating organization is involved, what will be its role?

Financial Report *(Club must retain receipts of all expenditures)*

7. Income	Amount
1. District Grant funds to be received from the District	
2. Rotary Club Funds	
3. Other Funding	
Total Project Income	

**Note: Rotary Club Funds must equal or exceed District Grant Funds*

8. Expenditures (please be specific and add lines as needed)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Total Project Expenditures	

**Note: Total Project Income must equal Total Project Expenditures.*

9. **Presidents:** By signing this report, I confirm that to the best of my knowledge these District Grant funds will be spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures will be provided to the District.

In addition, I confirm that this grant application has been approved by the Board of Directors of the club.

President's Signature _____ Date: _____

President's Name (please print): _____

President's Contact Information:

Address: _____

Home Phone: _____ Office Phone: _____ Cell: _____

E-mail: _____ Rotary Club: _____

Rotary Club Contact Information:

Project Contact: Two Rotarians (one may be the President) must be listed who will provide oversight and management of the project funds for the entire duration of the project, even if it continues into another Rotary year.

Primary Contact

Name: _____

Rotary Position/Title: _____

E-mail: _____

Address: _____

Telephone: Home _____

Office: _____

Cell: _____

Secondary Contact

Name: _____

Rotary Position/Title: _____

E-mail: _____

Address: _____

Telephone: Home _____

Office: _____

Cell: _____