



"Your Community Bank"

1-(888) 972-2225

September 7, 2011

TO: ALL CLUB PRESIDENTS

FROM: GREG GONTARSKI
2011-2012 DISTRICT SIMPLIFIED GRANT CHAIR

RE: DISTRICT SIMPLIFIED GRANTS (DSG) FOR THE 2011-2012 ROTARY YEAR

Please find enclosed an application form for the 2011-2012 Rotary Year District Simplified Grants. Please note the following:

1. The deadline for accepting grant applications is **Tuesday, November 15, 2011**. If your club has a desire to apply for a DSG, you must return the completed application form to me by the deadline date. The terms and conditions for a DSG can be found at http://www.rotary.org/RIdocuments/en_pdf/dsg_terms_en.pdf.
2. Because of the tremendous interest in this program, not all grants can be funded for the full amount requested.
3. In choosing a grants project, it is recommended that your club select a project that can be completed by the end of this Rotary year. This is not mandatory, but just makes it easier to close out the current year with a completed project and then apply for a new project the next Rotary year. **In addition, District 688 will only fund local projects.** District 6880 will not approve any international projects for a DSG.

The DSG Program is a wonderful way for your club to make a positive difference within YOUR community by placing "Service Above Self."

Should you have any questions, please feel free to contact me. My cell number is 251-421-1723, office number is 251-929-7460, and my e-mail address is ggontarski@visionbankal.com.

Yours truly,

Greg Gontarski



ROTARY DISTRICT 6880

DISTRICT SIMPLIFIED GRANT APPLICATION
FOR ROTARY YEAR 2011/2012

PRINT OR TYPE ALL INFORMATION. USE ADDITIONAL SHEETS OF PAPER AS NECESSARY

1. PROJECT SPONSOR: THE ROTARY CLUB OF

2. PROJECT FUNDING:

AMOUNT OF REQUESTED GRANT:
AMOUNT OF YOUR CLUB'S MATCHING FUNDS:
FUNDS FROM OTHER SOURCES, IF ANY:
TOTAL PROJECT COST:

3. PROJECT DESCRIPTION: PLEASE DESCRIBE THE PROJECT, ITS LOCATION AND ITS OBJECTIVE:

[Blank lines for project description]

4. PROJECT START DATE ESTIMATED COMPLETION DATE

5. PROJECT IMPACT - DESCRIBE HOW THE PROJECT WILL BENEFIT THE COMMUNITY AND/OR IMPROVE THE LIVES OF THOSE IMPACTED BY THE PROJECT:

[Blank lines for project impact]

6. NON-FINANCIAL ROTARIAN INVOLVEMENT - OTHER THAN PROVIDING FUNDING, HOW WILL YOUR CLUB'S ROTARIANS PARTICIPATE IN THE PROJECT? (THIS IS A REQUIREMENT.)

[Blank lines for non-financial involvement]

7. RESPONSIBLE ROTARIANS: LIST THE TWO ROTARIANS FROM YOUR CLUB THAT WILL BE RESPONSIBLE FOR PROJECT OVERSIGHT, FUNDS MANAGEMENT AND SUCCESSFUL COMPLETION:

PRIMARY CONTACT NAME
ROTARY TITLE/POSITION
STREET ADDRESS
CITY AND ZIP CODE
TELEPHONE FAX EMAIL

SECONDARY CONTACT NAME
ROTARY TITLE/POSITION
STREET ADDRESS
CITY AND ZIP CODE
TELEPHONE FAX EMAIL

8. PUBLICITY - HOW WILL YOU ENSURE THAT THE GENERAL PUBLIC KNOWS THIS IS ROTARY PROJECT? PROVIDE DETAILS ON HOW YOU WILL PUBLICIZE THIS PROJECT: _____

9. COOPERATING ORGANIZATIONS – IF THE PROJECT INVOLVES A COOPERATING ORGANIZATION(S), PROVIDE THE NAME OF THE ORGANIZATION AND ATTACH A LETTER FROM THEM SPECIFICALLY STATING ITS RESPONSIBILITES AND HOW ROTARIANS WILL INTERACT WITH THE PROJECT. BY SIGNING THIS APPLICATION, THE ROTARIAN SPONSORS ENDORSE THE ORGANIZATION AS REPUTABLE, RELIABLE AND RESPONSIBLE. NAME(S) OF COOPERATING ORGANIZATION(S) ARE: _____

10. BUDGET: PROVIDE BELOW, OR ATTACHED, A COMPLETE, DETAILED AND ITEMIZED BUDGET FOR THE ENTIRE PROJECT. INDICATE WHAT DSG FUNDS WILL BE USED TO PURCHASE.

TOTAL BUDGET: \$ _____

11. REPORTS AND AUTHORIZATION – WITH MY SIGNATURE BELOW, AS PRESIDENT OF THE ROTARY CLUB OF _____, I UNDERSTAND THAT ALL ROTARY CLUBS/DISTRICTS INVOLVED IN THIS PROJECT ARE RESPONSIBLE TO THE ROTARY FOUNDATION AND DISTRICT 6780 FOR THE CONDUCT OF THE PROJECT. I FURTHER UNDERSTAND THAT PROJECT PROGRESS REPORTS ARE REQUIRED AT SIX MONTH INTERVALS AND THAT A FINAL REPORT IS TO BE SUBMITTED WITHIN TWO MONTHS OF THE PROJECTS COMPLETION. I AFFIRM THAT THE CLUB HAS VOTED TO UNDERTAKE THIS PROJECT AND THAT THIS APPLICATION IS ACCURATE, TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____

Send this completed form to Greg Gontarski at 25325 Lakeside Terrace, Loxley, AL 36551, fax to 251-625-8720 or email it to him at ggontarski@visionbankal.com Questions? Contact Greg via email or call him at 251-929-7460 (Office) or 251-421-1723 (Cell).