



ROTARY DISTRICT 6880

**DISTRICT SIMPLIFIED GRANT APPLICATION
FOR ROTARY YEAR 2009 - 2010**

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:

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:

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

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 RESPONSIBILITIES 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 Shawn Alves, DSG Chair, 1311 Captain O’Neal Drive, Daphne, AL 36526 or email it to him at sta@sgclaw.com Questions? Contact Shawn via email or call him at 251-937-2417 or 251-937-0483