



*The District Rotary Foundation Committee
District 6200 Simplified Grants Application
Rotary Year 2009 ~ 2010*

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

1. CLUB(s): _____

2. Describe the project, its location, and its objectives.
Estimated Start Date: _____ Estimated Completion Date: _____

3. Describe how the project will benefit the community and/or improve the lives of the less fortunate and the number of members of the community whose needs will be met by the implementation of this project.

4. Describe non-financial participation by Rotarians in the project (i.e., SPECIFIC Rotarian Activities).

5. If this is an international project, how will the host and international partners communicate and work together to implement this project?

6. If the District Rotary Foundation Committee was unable to provide full funding to your club's funding request for this application, would partial funding still allow your proposed project to move forward? If partial funding is an acceptable option; please outline what effect this partial funding would have on your proposal and what adjustments (scaling down of project and/or what other sources of money would be used, etc.) would be explored.

7. Project Contacts: Two Rotarians must be listed who will provide oversight and management of the project funds.

Primary Contact ---Name	Rotary Position/Title
Address	City, State, Zip
Telephone	Fax
E-mail	

Project Contact Two ---Name	Rotary Position/Title
Address	City, State, Zip
Telephone	Fax
E-mail	

8. Foundation Committee Chair: The Club must have this committee to be eligible to receive a District Simplified Grant.

Club's Foundation Committee Chair	
Address	City, State, Zip
Telephone	Fax
E-mail	

9. How will the general public know this is a Rotary-sponsored project? Please provide details, e.g., publicity in a newspaper, radio, television, display of the Rotary wheel, etc.:

10. Cooperating Organizations: If the project involves a cooperating organization, please provide the name of the organization below and attach 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, responsible, registered with the project country, and acting within the project country.*

Name(s) of Cooperating Organization(s)

11. Budget: Please include a complete, detailed, and itemized budget for the entire project, listing item, vendor/contractor and amount. Supporting documentation utilized for the development of this budget may be requested. Be sure and include pro forma invoices of all items costing \$1000 or more. (Please note that the Foundation Committee understands that all supporting material may not be available until project is finished and the final report is turned in.)

12. Total Cost in US\$: _____
Club Contribution \$: _____ Amount Requested from District: \$ _____

13. Timetable: Please include a proposed timetable for the implementation and completion of this project. Please note an approximate date by which the District Rotary Foundation Committee should expect to receive a final report on the project. Use a separate page if necessary.

14. Authorization: All Rotary clubs/districts involved in this project are responsible to The Rotary Foundation for the conduct of the project and for reporting on it. The Signatures on the application confirm that the sponsors understand and accept the responsibility. The signature of the sponsors also affirm that all information in this application is true and accurate, to the best of their knowledge.

CLUB PRESIDENT: As President of the Rotary Club of _____
I hereby affirm that the Club has voted to undertake this project as an activity of the club.

Name, Printed

Signature

Date

GRANT RECEIVED AND PROCESSED BY DISTRICT FOUNDATION'S COMMITTEE CHAIR

Name, Printed

Signature, District Foundation's Committee Chair

Date

DISTRICT 6200 FOUNDATION COMMITTEE RESULTS:

GRANT APPROVED _____ **GRANT DENIED** _____

Name, Printed

Signature, District Grants Sub-Committee Chair

Date

DISTRICT GOVERNOR: As Governor of District 6200, I hereby affirm the use of \$ _____, US\$, from my District's Simplified Grant Funds for this project.

Name, Printed

Signature, District Governor

Date

Individual Project Summary
District Simplified Grant # _____

Note: Rotarians completing an individual project summary should return this form to their District Leadership or to the District Simplified Grant Committee established at the district level.

If you have questions about District Simplified Grants, please feel free to contact the District Rotary Foundation Committee Chair at:

The District Rotary Foundation Committee Chair

J. Richard Churchman, PDG

150 W. Prien Lake Rd

Lake Charles, LA 70601

Phone:

337- 478-1700 w

337- 802- 8578 c

E-mail: toothxprt@aol.com

Completed applications need to be mailed, e-mailed or faxed to the following:

Rotary District 6200 General Secretary

2266 S. College Road Ext., Suite C

Lafayette, LA 70508

FAX: 1-800-926-0943

E-mail: rotary6200@cox-internet.com

***(All grants are to be sent to the District Office)**

District Simplified Grant Application: 06/2009