

**APPLICATION FOR PROJECT FUNDING DISTRICT 5300  
TRF DISTRICT SIMPLIFIED GRANTS (DSG) COMMITTEE**

*Instructions: Please complete all sections of this application. Rotarians may attach as additional pages as needed, or may answer the questions below on blank paper, with the condition that the answers follow the same order as on this application. Incomplete applications will be returned. Applications must be submitted before July 31<sup>st</sup> of the appropriate Rotary year. Any applications submitted after July 31<sup>st</sup> may receive an award if any of the assigned DDF is remaining after the initial awards have been made.*

**1 - PROJECT DESCRIPTION:**

*Note: The project CANNOT be started until this application has been approved by the District Simplified Grants Committee.*

A. What is this project?

B. How will this project meet the needs of the community?

C. How will the sponsoring club or clubs work together to implement this project?

**2. - COOPERATING ORGANIZATION**

Is another organization directly involved in the implementation of the project by providing technical expertise and/or staff?

\_\_\_ No \_\_\_ Yes If YES please provide:

A. A letter from the sponsor indicating the organization is reputable and registered to work within the community

B. A letter from the organization indicating how they will work with Rotarians in the implementation of the project and agree to cooperate in any financial review of activities associated with the project.

**3. - PROJECT BUDGET:**

*Note: The DSG Committee may contribute \$0.50\* for each dollar contributed by the sponsoring Rotary club or clubs or up to \$1.00\* for each dollar pledged to be contributed to TRF.*

Include a complete, itemized budget for the entire project: Please use additional pages if necessary.

<b>Item(s) to be purchased</b>	<b>Cost (US\$)</b>
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____
F. _____	_____
<b>TOTAL</b>	_____

**4. - PROPOSED FINANCING:**

Please list all financing - the total should equal the total on the proposed budget. If it doesn't, the application will be returned.

<b>Source</b>	<b>Amount (US\$)</b>	
	<b>Contributing</b>	<b>or Pledge to TRF</b>
Sponsoring: Rotary Club of _____	_____	_____
Partnering: Rotary Club of _____	_____	_____
Partnering: Rotary Club of _____	_____	_____
Partnering: Rotary Club of _____	_____	_____
Sub Total Partnering Rotary Club(s)	_____	_____
Amount Requested from the DSG Fund*	_____	
Funding from Additional Sources (list) _____	_____	
_____	_____	
<b>TOTAL</b>	_____	_____

**APPLICATION FOR PROJECT FUNDING DISTRICT 5300  
TRF DISTRICT SIMPLIFIED GRANTS (DSG) COMMITTEE**

**5. - COORDINATING THE PROJECT**

Name the club which assumes total responsibility for the project (the project Sponsor). If additional clubs are participating, please refer to the ADDENDUM page and complete the information for each co-sponsoring club.

Please PRINT or TYPE ALL information.

Club: \_\_\_\_\_ Club Rotary ID Number \_\_\_\_\_ President: \_\_\_\_\_

**Project Committee:** A committee of at least two Rotarians must be established in the sponsoring club. It is the committee's responsibility to coordinate the project locally, monitor funds, and provide financial accounting and reports to the DSG Committee in accordance with the Terms and Conditions of this agreement for the duration of the project.

**Primary contact:** Full Name \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Rotary Position/Title \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Fax: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**Additional Contact:** Full Name \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Rotary Position/Title \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Fax: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**6. - AGREEMENT FORM:**

This Application and Agreement are entered into between the identified project sponsor and District 5300 TRF DSG Committee. In applying for, and accepting, Project Funding, the project sponsor agrees:

- A. To utilize the Project Funds to support a short-term humanitarian and/or educational project as outlined in this application, which benefits a community in need. Funds provided by the District will not be used for any purpose other than those considered eligible by the District as described in the Terms and Conditions.
- B. That it has received and read the District 5300 District simplified Grant Policies and Guidelines and will abide by all stipulations set forth therein.
- C. To defend and hold harmless Rotary International (R.I.), TRF, District 5300, their respective Directors, Trustees, Officers, employees and committee members )collectively RI/TRF/District) from any and all damages, losses, judgements, costs, fines, awards, liabilities, and/or expenses, including without limitation reasonable attorney's fees and costs of litigation, asserted or recovered from RI/TRF/District, that result or arise directly or indirectly, from the implementation of this project.
- D. That this agreement may be cancelled for any reason without notice upon the failure of the sponsors to abide by the terms set forth herein. The sponsors agree to return any grant funds, in their entirety including any interest earned, should funds be misused or used for ineligible purposes.

This Agreement is governed by all applicable laws of the State of Illinois, U.S.A.

By signing below, I certify that the sponsors acknowledge and accept the terms of this Agreement and agree to abide by the stipulations set forth therein.

Primary Sponsoring Club: Rotary Club of \_\_\_\_\_ Please PRINT or type

Club President's Name: \_\_\_\_\_

Club President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION FOR PROJECT FUNDING DISTRICT 5300  
TRF DISTRICT SIMPLIFIED GRANTS (DSG) COMMITTEE**

**7. REPORT**

Although all co-sponsors are also ultimately responsible for completing progress and final reports, the District 5300 TRF DSG Committee requires that one club take primary responsibility for submitting the required reports to the District TRF DSG Committee. The president of the club accepting the responsibility of submitting the interim/progress and final reports must sign this application.

Responsible Club: Rotary Club of \_\_\_\_\_ *Please PRINT or type*

Club President's Name: \_\_\_\_\_

Club President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:**

*Please retain a copy of this application for your files, and send a copy to the District 5300 TRF DSG Committee Chairman unless the application was submitted electronically.*

**DO NOT WRITE BELOW THIS LINE - FOR DSG COMMITTEE USE ONLY**

District 5300 TRF DSG Committee accepts the request.

Project Number: \_\_\_\_\_  
Year Area Number

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ District Foundation Chair \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ District Governor \_\_\_\_\_ Date: \_\_\_\_\_

Check Number \_\_\_\_\_ for \$ \_\_\_\_\_ issued. Date: \_\_\_\_\_

Comments/Notes:

**APPLICATION FOR PROJECT FUNDING DISTRICT 5300  
TRF DISTRICT SIMPLIFIED GRANTS (DSG) COMMITTEE  
ADDENDUM: ADDITIONAL SPONSORS**

*Please PRINT or TYPE all information:*

Name the club(s) which are co-sponsoring (partnering) the project. If more than one club is co-sponsoring, please complete a separate information for EACH co-sponsor.

Club: \_\_\_\_\_ Club Rotary ID Number \_\_\_\_\_ President: \_\_\_\_\_

President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

President's Member ID Number \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Fax: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**Additional Contact:** Full Name \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Rotary Position/Title \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Fax: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

**Additional Contact:** Full Name \_\_\_\_\_ Member ID Number: \_\_\_\_\_

Rotary Position/Title \_\_\_\_\_ e-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Fax: Preferred Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_