

**DISTRICT 6580**

**DISTRICT GRANT APPLICATION**

## Grant Application and accompanying forms:

## This District Grant Application is for grants to be funded during the 2024-25 Rotary year (7/1/2025 – 6/30/2026). Applications MUST BE RECEIVED BY May 1, 2025 and must be in Word document format. Once received, applications will be reviewed by the District Grants Committee and the staff of The Rotary Foundation. Clubs will be notified as to whether or not the grant was approved. If approved, the clubs will receive a check for the amount of the grant (at a date to be determined by the Grants Committee but tentatively between July 15th and August 1st , 2025) for the grant amount at the address provided on the application.

##  For a grant to be considered, the following items must accompany the application:

## A signed copy of the Club Memorandum of Understanding (MOU)

## A completed and signed copy of the Grants Management Compliance Questionnaire

## A completed Transferring Custody of a Bank Account Form **and a copy of the club’s bank statement**

These and other forms and documents that will help club leaders learn about their roles and responsibilities are available at [www.rotary6580.org](http://www.rotary6580.org) under Foundation/Grants: District Grants 24-25.

District Grant Rules and Regulations:

District grants are available in the form of a dollar-for-dollar matching grant on the following basis:

1. **District Grant funds are available in amounts of not less than $250** and no more than **$3,000.**
2. District Grant funds may be used for local community service and international projects.
3. Projects funded by District Grants must be completed **within the Rotary year** granted.

D. A Final Report is to be submitted within 30 days of the completion of the project, but no later than March

 31st.If the project is not completed by this time an Interim report must be completed and submitted by

 March 31st on the District Simplified Grant Report covering all activity to date, detailing any delays, and

 assurance of the completion of the project within six month but before August 31st.

The use of District Grant funds must:

1. Promote active and personal participation of Rotarians in the implementation of the project;

B. Not involve the establishment of a permanent foundation, trust, or permanent interest-bearing account;

C. (Conflict of Interest) Not directly benefit a Rotarian; an employee of a club; district or other Rotary entity,

or of Rotary International, or a spouse, lineal descendent (child or grandchild by blood or legally adopted

child), or spouse of a lineal descendent, or an ancestor (parent or grandparent by blood) of any living

Rotarian or Rotary employee;

D. Not duplicate any existing Rotary Foundation or other Rotary sponsored program in the community;

E. Exclude any liability to the Rotary District, the Rotary Foundation or to Rotary International except for the

 amount of the grant;

F. Be consistent with the criteria, procedures, and policies of the Polio Plus program and the World Health

 Organization for projects involving vaccines and immunizations;

G. Not to be used to reimburse clubs/districts for **projects already undertaken and in progress**, or for

 existing projects, activities primarily sponsored by a non-Rotary organization, **or for projects that are**

 **already completed**.

**H**. Not be used to fundraise for the matching funds or projects.

**ELIGIBILITY CHECKLIST**

**(*Note that if your responses are not all in the right hand column; you may not be eligible for a grant.)***

1. **Have your President & President-elect signed and included a Memorandum of \_\_\_No \_\_\_ Yes**

**Understanding (MOU) ?**

1. **Have you included the Grants Management Compliance questionnaire? \_\_\_No \_\_\_ Yes**
2. **Have you completed the Transferring Custody of a Bank Account Form AND the copy of the Grants Bank Statement showing the club’s portion of the funds on deposit?\_\_\_No \_\_ Yes**
3. **Did two members of your club participate in the webinars on grants management seminars this year? Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_No \_\_\_ Yes**

1. **Have you recorded an Annual Fund giving goal for your club on Rotary Club Central**

**on the RI website?** [**www.rotary.org**](http://www.rotary.org/) **\_\_\_No \_\_\_ Yes**

1. **Have you notified the Governor-elect of the name of your Club Foundation Chair? \_\_\_No \_\_\_ Yes**
2. **Have you paid all your District & RI dues that are currently due and payable? \_\_\_No \_\_\_ Yes**
3. **Have you received any Global or Community Grants for which you have not \_\_\_Yes \_\_\_No**

**filed interim or final reports?**

**a. If yes, is your club current with all interim reporting requirements? \_\_\_No \_\_\_ Yes**

1. **Is the project new to your club? \_\_\_No \_\_\_ Yes**
2. **Is your Rotary club (or another Rotary club, if collaborating with another club) leading**

**the implementation of the project?** i.e. Is Rotary is driving the project within the community?

 **Note: While this is preferred it is NOT required but this will need explanation in section #5. \_\_\_No \_\_\_ Yes**

1. **Will your club be matching the amount requested? \_\_\_No \_\_\_ Yes**
2. **Is the project free of any conflict of interest or the appearance of such? \_\_\_No \_\_\_ Yes**

**(See page 2 Rules and Regulations.)**

1. **Would your club still complete the grant if they do not get the full amount? \_\_\_No \_\_\_ Yes**
2. **Are you current with your federal and state tax filing? \_\_\_No \_\_\_ Yes**

***If any of your responses are NOT answered as YES please stop and consult the Grants Committee.***

This form must be completed by filling in the fields using MSWord.

Fields expand as needed.

|  |  |
| --- | --- |
| Rotary club of: |       |
| Project Name: |       |
| Start Date: |       |
| Estimated Completion Date: |       |
| Name of Primary Club Contact: |       |
| E-mail |       |
| Telephone |       |
| Name of Second Club Contact:  |       |
| E-mail |       |
| Telephone |       |
| Name of Third Club Contact:  |       |
| E-mail |       |
| Telephone |       |

|  |  |
| --- | --- |
| CLUB MAILING ADDRESS to mail Payment:  Rotary Club Name |       Attention to: |
| Street Address |       |
| City, State, Zip |       |

1. Briefly describe the project, its location, and its goals and activities and how it will be sustained. (Fields will expand as you type.)

2. Describe how the project will benefit the community and/or improve the lives of those in need, who will benefit by the completion of the project, and how many people in the community will benefit.

(Fields will expand as you type.)

3. Describe the nonfinancial participation by Rotarians in the project (i.e., How many Rotarians will be involved and how they will be involved).

(Fields will expand as you type.)

4. How will the general public know this is a Rotary-sponsored project; i.e.how will it be promoted and publicized? Please provide details, e.g., publicity in a newspaper or display of the Rotary wheel. (Fields will expand as you type.)

5. 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(s) in the project. *By signing this application, the Rotarian sponsors endorse the organization as reputable, responsible, registered with the project community, and acting within the laws of the United States.*

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|       |
| *Name(s) of Cooperating Organization(s) and Contact Person* |

6. Identify the primary area of focus aligned with RI:

Peace and Conflict Resolution \_\_\_

Water and Sanitation \_\_\_

Basic Education and Literacy \_\_\_

Disease Prevention and Treatment \_\_\_

Maternal and Child Health \_\_\_

Economic and Community Development \_\_\_

Improving the Environment

Other: (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Project Duration: Projected Project start date: \_\_\_\_\_\_\_\_\_\_\_ Projected end date: \_\_\_\_\_\_\_\_\_\_\_

8.. Enter Budget Information:

***PROJECT INCOME***: REQUIRED

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| --- | --- |
| Sources of Income | Amount |
| Amount of District Grant Funds Requested:(**Funds must be matched by the club. Show these matching funds as income**)  |       |
| Other Funding Sources (please specify): *(If total project is larger than the Rotary Club and District funds please include the total funds involved in the project if known.)* |  |
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|       |       |
| **Total Budgeted Income:** |       |

***PROJECT EXPENSES: REQUIRED*** (please attach an additional sheet if you need more space):

|  |  |
| --- | --- |
| Rotary Club and District Expense Items (please be specific) | Cost |
|      NOTE: **Best practice is for vendors to be paid directly by Rotary**. Detail what club funds AND matching funds will be spent on.  Be specific as possible.  |       |
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| **Total Budgeted Expenses:** |       |

## 9.. As President and President-elect of the Rotary Club named above, we hereby affirm that the club’s board has voted to undertake this project as an activity of the club and that the club’s officers and directors have read, understand and agree to abide by the Club Memorandum of Understanding.  In consideration of receipt of these grant monies, we agree to implement the project as described in this application and to complete this project in a timely manner and to submit a final report within 30 days of completion.  Failure to complete the project or to file timely final report will disqualify this club from future district or global grants.  We also affirm that all information in this District Grant Application is true and accurate, to the best of our knowledge.

|  |  |  |
| --- | --- | --- |
| Club President |  | Club President-Elect |
| Name |       |  | Name |       |
| Signature or e-mail address\* |       |  | Signature or e-mail address\* |       |
| Date |       |  | Date |       |

\*Signatures are not required if submitted via e-mail with both parties listed in the address line.

**Send completed application and other required forms to:** E-Mail:bdunham@rauchinc.org

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| Review and Approval Signatures – District Use Only |
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|  |  |  |  |  |  |  |
| District Grants Committee Chair |  | Date |  | District Foundation Committee Chair |  | Date |
|  |  |  |  |  |  |  |
| Governor District 6580 |  | Date |  |  |  |  |