

APPLICATION FOR PROJECT FUNDING
DISTRICT 6110'S TRF District Simplified Grants (DSG) Select Committee

Please complete all sections of this application. Rotarians may use this form and attach additional pages as needed or may answer the questions below on blank paper, on the condition that the answers follow the same order as the application. Incomplete applications will be returned. Applications must be submitted after June 1st and before December 31st of the applicable Rotary fiscal year and will be awarded until funds are exhausted. Please send the completed form to PDG Ellis Potter * P.O. Box 371, Iola, KS 66749; Email: epotter@iolaks.com

1. PROJECT DESCRIPTION

Note: The project cannot be started until this application is approved by the District Simplified Grants (DSG) Select Committee.

- 1. How will this project meet the needs of the community?
2. How will Rotarians actively participate in the implementation of the project?

2. COOPERATING ORGANIZATION

Is another organization directly involved in the implementation of the project by providing technical expertise and/or staff? If so, please provide:

- 1. A letter from the sponsor indicating the organization is reputable and registered to work within the community.
2. 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 - THE DSG SELECT COMMITTEE WILL CONTRIBUTE \$1.00 FOR EACH DOLLAR CONTRIBUTED BY SPONSORING ROTARY CLUB OR CLUBS. THE MAXIMUM GRANT WILL BE FOR \$2,000 PER PROJECT PER CLUB.

Include a complete itemized budget for the entire project. Please use separate pages if necessary.

Table with 2 columns: Items to be purchased, Cost. Includes rows A-F and a total row for Project Budget.

4. PROPOSED FINANCING

Please list all financing.

Table with 2 columns: Description, Amount Contributing. Includes rows for Sponsoring/Partnering Rotary Club, Sub-Total, Amount Requested from DSG, and Proposed Financing.

Note: This total should equal the total on the proposed Project Budget. If it doesn't, the application will be returned.

_____ Sponsoring Club

Project Number _____

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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.

Club _____ Club Rotary ID Number _____ President _____
Please Print Please Print

Project Committee: A committee of at least three 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 to the DSG Select Committee in accordance with the Terms and Conditions of this agreement for the duration of the project.

Primary Contact _____

Name _____

Member ID # _____

Rotary Position/Title _____

E-Mail _____

Mailing Address _____

Telephone – Primary _____

Telephone – Secondary _____

Fax – Primary _____

Fax – Secondary _____

Additional Contact

Name _____

Member ID # _____

Rotary Position/Title _____

E-Mail _____

Mailing Address _____

Telephone – Primary _____

Telephone – Secondary _____

Fax – Primary _____

Fax – Secondary _____

_____ Sponsoring Club

Project Number _____

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6. AGREEMENT FORM

This Application and Agreement are entered into between the identified project sponsor below and District 6110's TRF DSG Select Committee. In applying for, and accepting Project Funding, the project sponsor agrees:

1. 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 purposes other than those considered eligible by the District as described in the Terms and Conditions.
2. That it has received and read the District 6110 District Simplified Grant Policies and Guidelines and read Rotary International's Terms and Conditions (http://www.rotary.org/newsroom/downloadcenter/pdfs/grants_dsg_terms.pdf) and will abide by all stipulations set forth therein.
3. To defend, indemnify, and hold harmless Rotary International (RI), TRF, District 6110, their respective Directors, Trustees, Officers, employees, and committee members (collectively RI/TRF/District) from any and all damages, losses, judgments, 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.
4. 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 States of Arkansas, Kansas, Missouri and Oklahoma, USA.

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

Please Print Name

Club President

Signature

Date

7. REPORT

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

Club _____

Date

Club President's Name (Please print or type)

Club President's Signature

Note: Please retain a copy of this application for your files, and send a copy to the District 6110 TRF DSG Grants Select Committee Chairman, PDG Ellis Potter * P.O. Box 371, Iola, KS 66749; Email: epotter@iolaks.com, unless the application is submitted electronically.

(-----DO NOT WRITE BELOW THIS LINE-----)

District 6110 TRF DSG Select Committee accepts the request. Project Number _____
Year _____ Area _____ # _____

Reviewed By _____

Date _____

Approved By _____

Date _____

Check Number _____ for \$ _____ issued on _____ (Date)