



# District Grant Application Form

Complete and return to  
Walter Hinkle  
2405 Texas Avenue South  
Suite 306  
College Station, TX 77840  
979-361-3301  
Email: whinkle@laseranswering.com

Grant Amount Requested \_\_\_\_\_

Grant Amount Awarded \_\_\_\_\_

Rotary Club: \_\_\_\_\_

Project Title: \_\_\_\_\_

### Project Description

- Briefly describe the project. What will be done, when and where will project activities take place, and who are the beneficiaries? Outline your spending and publicity plan.
- How many Rotarians will participate in the project? \_\_\_\_\_
- What will they do? Please give at least two examples.
- How many non-Rotarians will benefit from the project? \_\_\_\_\_
- What are the expected long-term community impacts of the project?
- If a cooperating organization is involved, what will be its role?

### Financial Report *(Club must retain receipts of all expenditures)*

7. Income	Amount
1. District Grant funds to be received from the District	
2. Rotary Club Funds	
3.	
<b>Total Project Income</b>	

### 8. Expenditures (please be specific and add lines as needed)

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
<b>Total Project Expenditures</b>	

9. **Presidents:** By signing this report, I confirm that to the best of my knowledge these District Grant funds will be spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures will be provided to the district.

In addition, I confirm that this grant application has been approved by the Board of Directors of the club.

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

President's Name (please print): \_\_\_\_\_

President's Contact Information:

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Rotary Club: \_\_\_\_\_

**Rotary Club Contact Information:**

Project Contact: Two Rotarians (one may be the President) must be listed who will provide oversight and management of the project funds for the entire duration of the project, even if it continues into another Rotary year.

**Primary Contact**

Name: \_\_\_\_\_

Rotary Position/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Secondary Contact**

Name: \_\_\_\_\_

Rotary Position/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_

Office: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_