

## District Grant Final Report D5495

for District Grants completed in Rotary year 2018-19

**Due April 30, 2019.** Please type all answers. Sign, scan and upload to the project website with accompanying receipts: [www.matchinggrants.org](http://www.matchinggrants.org)

Project Number:

Rotary Club:

Project title:

---

Project Description. What was done in 110 words or less?

When (dates) and where (city and state) did the project take place?

Who were the beneficiaries?

How many Rotarians participated in this project?

What did the Rotarians do? Give at least two examples.

How many non-Rotarians benefited from this project?

If a cooperating organization was used, what was it's role?

**District Grant Final Report D5495 for District Grants completed in Rotary year 2018-19**

Project number:

Financial Report: *(Use second page, if needed. District must receive receipts of **all** expenditures.)*

1. Income	Amount
1. District Grant funds received from the District	
2. Club funds	
3. Other funding (specify)	
4. Other funding (specify)	
<b>Total Project Income</b>	
2. Expenditures (please be specific and add lines as needed)	
1. Scholarships for music therapy services	
2.	
3.	
4.	
5.	
6.	
<b>Total Project Expenditures</b>	1000

By signing this report, I confirm that to the best of my knowledge these District Grant funds were 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 have been uploaded to the project website.** I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned.

Club President Signature:

Date:

Club President printed name:

Project number:

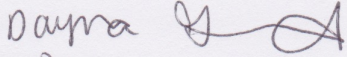
Financial Report: (Use second page, if needed. District must receive receipts of all expenditures.)

1. Income		Amount
1. District Grant funds received from the District		500
2. Club funds		500
3. Other funding (specify)		
4. Other funding (specify)		
<b>Total Project Income</b>		1000

2. Expenditures (please be specific and add lines as needed)		Amount
1. Scholarships for music therapy services		1000
2.		
3.		
4.		
5.		
6.		
<b>Total Project Expenditures</b>		1000

By signing this report, I confirm that to the best of my knowledge these District Grant funds were 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 have been uploaded to the project website. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned.

Club President Signature:   
Club President printed name: Dayna Gustke

Date: 4/19/2019



Higher Octave Healing, Inc

P.O. Box 7608

Tempe, AZ 85281

# Donation

Date	Donation No.
10/10/2018	3

Donor
Rotary Club of Tempe Downtown

Check No.	Payment Method

Description	Amount
Rotary Club of Tempe Downtown grant	1,000.00
<b>Total</b>	
	\$1,000.00