

Rotary District 5390 District Grant Worksheet

Grant Applications must be submitted on www.MatchingGrants.org and are due by March 31st. Use this form to gather information about your project and then enter it on the website.

Project Title:	
Project Start Date:	Projected Completion Date:
1. What are you going to do? 2. Who is going	to do it? 3. Who will benefit? o members to schools for children in Addis Ababa, Ethiopia.
those needs, \square who is benefiting from this act city and/or country, \square what activities are being members will be involved, and \square the timeline	t needs have been identified, how the project will meet tivity, the location of the project or activity, including the log funded, how project funds will be used, how club for your project. Additional project related documents can on the website. These documents must be in a .PDF format
Your project goals will align with which Area o For more information please visit: www.rotary.org/myr	•
☐ Peace & Conflict Prevention/Resolution	☐ Maternal & Child Health
☐ Disease Prevention & Treatment	☐ Basic Education & Literacy
☐ Water & Sanitation	☐ Economic & Community Development



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ACTIVITY TYPE: (Please Check Only one)
☐ Group Exchange Community Development: ☐ General ☐ Renovation ☐ Disaster Recovery ☐ Volunteer Service
Education: General Literacy Scholarships or Volunteer Services
Food/Agriculture: General or Volunteer Services
Health: ☐ General ☐ Disease ☐ Volunteer Services Water: ☐ Sanitation ☐ Supply/Access ☐ Volunteer Services
Amount of Grant Funds Requested (\$):
Club Matching Contribution (\$): 2500
(Please note this contribution must be greater than or equal to the amount of grant funds requested)
(Trease note this continuation must be 8. eater than or equal to the amount of 8. and ramas requested)
Provide a budget and identify how the requested funds will be spent. Your detailed budget must include the following:
 Estimated breakdown of expenses. (refer to Sample Budget on District website)
Will there be other sources of funding for the club project? If so, please list the additional
source(s), and include their contribution
 Does the project income (matching funds, grant funds, other sources of funding) match the
project expenses?
All documents uploaded to the Matching Grant website must be in .PDF format in the Document section.
This includes your detailed budget and any bids or supporting documentation.
PLEASE RETAIN ALL RECEIPTS. If funds awarded are more than the invoices/receipts used to complete the projec the unused funds are required to be returned to Rotary District 5390)
Project Oversight Chair: Name, Email, Phone:
PAYMENT INFORMATION: Please provide following information so District leadership can properly issue
and send the grant funds check, including if wanting to deposit into a club Foundation.
Contact Phone Number: 406-224-1995 Gene Gaines
Make Check Payable to: Bozeman Sunrise Rotary
Mailing Address: P.O. Box 6523
Bozeman City:
State: Montana
59771
Zip Code:

District Grant Selection Committee:

Brian Furey – Chair Phone: 406-546-6028 btf40782@gmail.com