

2020 – 21 Early Childhood Education Grant Final Report

Final reports are due within 30 days of the project ending, and no later than January 31, 2021. Please complete this form by filling in the fields below. You must also provide a scanned copy of valid Proof of Payment (PoP) for all expenses listed. Acceptable PoPs include: cancelled checks, bank statements, bonafide itemized receipts. Once you have completed the report, please email a copy along with Proofs of Payment to DRFC Rachel Ossyra at Grants@rotary6450.net.

Rotary Club _Lemont-Homer Glen_____

Project Title _Early Childhood Education Grant Tumble Forms Chair

Project_____

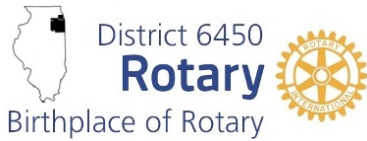
1. Briefly describe the project. What was done, when and where did project activities take place, and who were the beneficiaries? List any changes that might have occurred from the application. Rotary of Lemont Homer Glen partnered with Oak Lawn Healthcare Rotary Club to purchase Tumble Forms Chairs. These chairs are used by disabled children to assist them in sitting for longer periods of time, specifically during online learning during COVID.
2. How many Rotarians participated in the project? Volunteer time was not needed from our club as Oak Lawn Healthcare Rotary contributed time as needed. We were a financial partner in this endeavor.
3. What did they do? Please give at least 2 examples. Oak Lawn Healthcare Rotary will provide additional details in their report on the project.
4. How many non-Rotarians benefitted from this project? Overall 6 Tumble Form Chairs were purchased. This provides a direct benefit to 6 disabled children. The chairs will be available for other children as needs change.
5. What are the expected impacts of the project? Children who otherwise would have a difficult time sitting through online class will now have a comfortable chair that will assist them. Online learning, which would be difficult if not impossible without comfortable seating, will benefit the children involved.
6. If a cooperating organization was involved, what was its role? Oak Lawn Healthcare Rotary is the primary organization in this project. We provided funding while they purchased the chairs and assisted in distribution through Advocate Christ Hospital.
7. How did you share the news of your project? We shared this project on our website and on our facebook page.

Financial Summary

8. <u>Income</u>	<u>Amount</u>
District Grant funds received	___\$500_____
Club contribution (not required)	_____
Other funding (not required)	_____
Total Project Income	___\$1576_____

9. Actual Expenditures Valid Proof of Payment must be provided

<u>Date</u>	<u>Expense Type</u>	<u>Vendor</u>	<u>Amount</u>
12/01/2020	Purchase of Tumble Forms Chairs	NU Motion	\$2076.00



District 6450
Rotary
Birthplace of Rotary

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Invoice is attached. \$500 is from Rotary Club of Lemont - Homer Glen. Additiona funds are from Oak Lawn Healthcare Rotary.

Total Project Expenditures _____\$500_____

By completing this report, I confirm that my Club has spent these funds for the purposes specified in the grant application only. I agree that if the grant funds are not used and a final report and proof of payment of grant funds are not submitted by January 31, 2021, then my Club will promptly return the grant funds to the District.

I also understand that all photographs submitted in connection with this report will become the property of Rotary International (RI) and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

Club President

2nd Club Contact

Name Ben Dykstra _____ Name _ Louise Egofske, Treasurer _____

Date 01/31/2021 _____ Date 01/31/2021 _____

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Phone __847-372-0902 _____ Phone __815-325-6023 _____