



District 6450  
**Rotary**



Birthplace of Rotary

## 2017-2018 District Grant Application

Please complete the fields in the form below and select the expected completion date.

Unless dedicating funds to a Global Grant or to PolioPlus, please complete all fields.

When saving, please keep the file name the same.

Once you have completed the form, please email as an attachment to [grants@rotary6450.net](mailto:grants@rotary6450.net)

For questions, please email [grants@rotary6450.net](mailto:grants@rotary6450.net) or contact Rachel Ossyra at 630-544-4927.

**Club Name:** Rotary Club of \_\_\_\_\_

Your District Grant Allocation Funds: \$ \_\_\_\_\_

To use all of your allocation for a Global Grant, check here:   
(If checked, skip to Contact Information below.)

To use all of your allocation for a Global Grant, check here:   
(If checked, skip to Contact Information below.)

**Date of Grant Request:** \_\_\_\_\_ (Submit on or before May 12, 2017)

**Expected Project Completion Date:** \_\_\_\_\_ (Between July 31, 2017 and June 1, 2018)

**Project Title:** \_\_\_\_\_ *e.g., Backpack project or Scholarships*

**Project Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Please provide a brief project overview.)*

**Is this your Club's only District Grant request? (Yes/No)** \_\_\_\_\_

**Will another Club also be using its District Grant allocation for this project? (Yes/No)** \_\_\_\_\_

**If so, name the other Club:** \_\_\_\_\_

**How many Rotarians from your Club will participate in the project?** \_\_\_\_\_

**How many non-Rotarians will benefit from the project?** \_\_\_\_\_

**Is there a cooperating organization involved? (Yes/No)** \_\_\_\_\_

### Project Funding & Expenses:

#### Funding:

District Grant Allocation: \$ \_\_\_\_\_ (No greater than the amount listed above)

Club Funds: \$ \_\_\_\_\_ (Must be equal or greater to District Grant Allocation)

Other Funds: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_



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### Project Expenses:

Please list your budgeted expenses:

Description:	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: \_\_\_\_\_  
*(Total expenses must equal total funding)*

### Grant Contact Information:

**Club President (2017-18):** \_\_\_\_\_  
Name Email

**Additional Club Contact:** \_\_\_\_\_  
Name Email

### Club Mailing Address where the Grant check should be mailed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you have more than one project using District Grant funds, please complete and submit another copy of this form for each project.

By completing this form and returning it to District 6450, your Club agrees to abide by the rules set forth by The Rotary Foundation and the District in the management of District Grants. Any deviation from these rules could result in the Club forfeiting its allocated funds.

**This grant request form must be submitted no later than May 12, 2017.**