

## 2019 – 2020 District Grant Final Report

**Rotary Club of Aurora** Final reports are due within 30 days of the project ending, and no later than June 1, 2020. 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 save it as a pdf document at <http://www.matchinggrants.org/district/> on the Documents tab of the project page before clicking the "Reported" button on the Administration page.

**Rotary Club**      Rotary Club of Aurora \_\_\_\_\_ **District Grant #**    P-3256 \_\_\_\_\_  
**Project Title**      Rush Copley COVID-19 \_\_\_\_\_

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.  
 \$1000 was contributed for front line staff support at Rush Copley Medical Center in Aurora, IL, during COVID-19. Our contribution was specifically used to bring in food from local restaurants to make meal-time convenient and special.
2. How many Rotarians participated in the project? 2
3. What did they do? Please give at least 2 examples.  
 Researched the need for COVID-19 support and delivered the \$1000 check.
4. How many non-Rotarians benefitted from this project? Support staff at Rush Copley working directly with COVID-19 services
5. What are the expected long-term community impacts of the project? Eradication of COVID-19 in the Aurora community
6. If a cooperating organization was involved, what was its role? Rush Copley Medical Center provided patient services.
7. How did you share the news of your project? Reported at Club meetings and in our weekly president updates.

**Financial Summary – Be sure that Income equals Expenditures!**

8. <u>Income</u>	<u>Amount</u>
District Grant funds received	\$1000 _____
Club contribution	_____
Other funding (specify)	_____
Total Project Income	\$1000 _____

9. Actual Expenditures Valid Proof of Payment must be saved in pdf on <http://www.matchinggrants.org/district/>

<u>Date</u>	<u>Expense Type</u>	<u>Vendor</u>	<u>Amount</u>
4/9/2020	Cash		\$1000 _____
	See attached.		
_____	_____	_____	_____
_____	_____	_____	_____

## 2019 – 2020 District Grant Final Report

\_\_\_\_\_  
Total Project Expenditures

\_\_\_\_\_  
\$1000\_\_\_\_\_

By completing this report, I confirm that to the best of my knowledge my Club has abided by the District Grants Program Details as set forth by Rotary International District 6450 and is in compliance with The Rotary Foundation Grants Terms and Conditions. Any deviation may result in a requirement to return District Funds. I also understand that all photographs submitted in connection with this report will become the property of 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**

Name Gretchen Timm

Date 1/23/2021

Email [gtimm@midwestmanagementinc.com](mailto:gtimm@midwestmanagementinc.com)

Phone 630-742-3182

**2<sup>nd</sup> Club Contact**

Name Kathleen Tollaksen

Date 1/23/2021

Email ktollaksen@comcast.net

Phone 630-248-0523

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Rush Copley Medical Center

\$1000  
attrib: Alex Pope  
# 3335  
4/9/2020  
P 3256

Published on March 24, 2020

## Rush Copley COVID-19 Donations

Thank you for your interest in donating to Rush Copley. We are truly grateful for your support as we all work together to keep our community safe.

### Personal Protection Equipment

To assist in our preparedness efforts around COVID-19, Rush Copley is currently in need of the following:

- Isolation masks, ear loop or tie
- N95 respirator or surgical masks, 3M #1860, 1860S, 8210 or 1870PLUS are ideal but will accept any N95 masks
- N95 surgical respirator masks, Halyard #46727 or 46827
- Tyvek shoe covers

*We are currently not able to accept KN95 masks as they are not FDA approved.*

If interested in donating and to schedule a drop off, please contact Lisa Lapinski at [lisa.lapinski@rushcopley.com](mailto:lisa.lapinski@rushcopley.com) or 630-978-4948.

### Monetary Donations

A Response Fund has been established to help support emergent and evolving COVID-19-related needs such as PPE, supplies and frontline staff support.

#### Donate Online

### \* Food Donations \*

If you are interested in donating food to our teams, please contact Alex Pope at [alex.pope@rushcopley.com](mailto:alex.pope@rushcopley.com) or 630-978-4946. To best accommodate our teams, we're asking that in lieu of buying the actual food, to instead please consider providing gift cards to local restaurants that we can give team leaders. And you are welcome to write a note for us to pass on to those teams!

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Thank you again for considering Rush Copley as we continue to keep the health and safety of our patients, providers and communities our top priority.

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Main: 630-978-6200 • Physician Referral & Information: 630-978-6700 or 866-4COPLEY (866-426-7539)

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01/21/21

Account: 40000426920  
 Name: Aurora Rotary Club Foundation  
 Address: 31 Cebold Dr  
 Oswego, IL 605439680

The image shown below represents an official copy of the original document as processed by our institution

**AURORA ROTARY CLUB FOUNDATION**  
 31 CEBOLD DR  
 OSWEGO, IL 60543-9680

3135  
 # 12/19

DATE 4/9/2020  CHECK  DEBITS ON CHECK

PAY TO THE ORDER OF Rush Capley COVID-19 Response Fund \$ 1000.00

One thousand and no/100 DOLLARS

**Old Second**  
 Old Second National Bank  
 1477 806-0332

FOR Food Bank - Response Team

*Kristeen Pillsbury*  
*Nutchen Lina*

⑆003135⑆ ⑆071900760⑆ 40000426920⑆

003135 04/20/20 700-4-710 1000.00

COLLECT IN THIS BOX

FOR DEPOSIT ONLY

WRITE NAME OF PHYSICAL INSTITUTION ON LINE ABOVE

X PAY TO THE ORDER OF  
 OLD SECOND NATIONAL BANK  
 AURORA, ILLINOIS

FOR DEPOSIT ONLY  
 FOUNDATION  
 CHECK BUA FOR FIBBLE KEVATE DEPU.IT

⑆0000400118 04/20/20 028K IL 57871900750⑆



