

1. District Grant # P-4720 Name of Club: Meridian
2. Name of District Grant: Youth Camp Medical Supplies
3. Briefly describe your project Medical supplies purchased and organized. Camp River Run is required to purchase new supplies every two years. Rotarians could not purchase specific supplies but helped organize incoming supplies.
4. In one brief sentence: who were the beneficiaries of the grant activities and how many of them were there? The children of Camp River Run were the beneficiaries. There are over 40 kids per year who will benefit from the supplies due to individual medical conditions.
5. How many Rotarians participated in the project? 10 Briefly tell what did. Club members recommended options and locations for purchasing specific supplies and helped organize supplies as received.
6. If a cooperating organization(s) other than the beneficiary was involved, what was its role?
7. FINANCIAL SUMMARY (add rows as needed)

<b>List all expenses</b> , including value of donated materials and supplies	
AED replacement	1773.38
Tactical medical bag	120.82
CPR training for incoming volunteers	784.88
Misc supplies from Amazon	432.69
TOTAL (Must match the receipts you have uploaded)	3111.77

<b>List all sources of revenue</b> , including value of <b>in-kind</b> donations	
District Grant Funds	1381.00
Primary Club contribution	1381.00
Club fund raising	349.77
TOTAL (must match expenses above)	

Check the following:

I have uploaded all receipts for goods purchased. Those receipts correspond to the items and amounts itemized in the list of expenses above. (For security reasons, do not upload copies of cancelled checks)

I will upload this report when I have completed it.

My typed name below certifies that the project was implemented as proposed in my application for a grant. It attests that all funds were spent in compliance with the guidelines of the Terms and Conditions for Rotary Foundation grants.

Name of person filing this report: Renae Goodwin

Date: May 8, 2024