

## **District/Governor's/Rotaract Grant Final Report Form**

This report must be completed and uploaded on [matchinggrants.org](http://matchinggrants.org) within 30 days after completion of the project but no later than 2 years after the date of approval of the project. For scholarships, the report is due 30 days after payment of funds.

**Rotary Year 2025-2026**

**District Grant # (from [matchinggrants.org](http://matchinggrants.org)) P-5696**

**Rotary Club: Greeley After Hours**

**Project Title: Nurse's Pantry**

**Project Description: Basic needs pantry available to nurses who are visiting low income families specifically women & children. The pantry is stocked with basic needs for the nurses to come and select from to take to these low income moms and kids. Clothing, diapers, formula, baby food, car seats, blankets.**

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1. Is this a scholarship governor's grant report? Yes \_\_\_ No X (If yes, go directly to line 16)

2. Briefly describe the project. What was done and where did the project activities take place?  
Explain how the beneficiaries and other community members were involved?

A Rotarian in our club has a former employee who is working as a nurse that supports low income families within our community. There is no support in our community for these nurses to give much needed supplies to these moms/babies such as car seats & basic needs. The pantry is not open to the public, the nurses have the ability to come to the pantry when the need arises and take the items to their family.

3. How many Rotarians participated in this project? 10

4. What did they do? Please give at least two examples.

Donated their time to submit the grant.  
Donated their time to buy the supplies and set up the pantry.  
Donated their time to clean the pantry area.  
Donated items.

5. How many non-Rotarians benefited from this project? Unknown at this time as this will be an ongoing project.

6. Who are the beneficiaries and what is the expected long-term community impact of this project? Low income moms & babies in our community. Safety and well being of both mom and baby.
7. If a cooperating organization was involved, what was their role? N/A
8. Income:

Income Source	Amount
Cash from Club`	\$2,750
District Grant	\$2,500
<b>Total Project Income</b>	<b>\$5,250</b>

9. Expenditures: (number receipts starting with 1 and indicate a receipt # (s) for each expenditure) (Do not include travel expenses)

If international project convert amounts to US dollars	Receipt # (s)	Budgeted Amount	Actual Amount
Amazon	7-8-25		4270.62
Amazon	#2 - 7-8-25		727.88
Amazon	#3 – 7-8-25		222.26
Amazon	7-14-25		65.94
Total project expenditures		\$5250.00	\$5286.70

10. Please explain any variance of more than 5% between the budgeted amount and the actual amount including the reason for the variance and why the alternative was chosen. N/A

11. Project score (5=strongly, 4=agree, 3= neutral, 2=disagree, 1=strongly disagree)

	Project Score	Comments
The overall project was successful	5	
The grant process worked well	5	
My interaction with partner clubs was good	N/A	
We achieved the results we expected	5	

12. Did you upload photos in your project on matchinggrants.org under the Photos tab? (If not, please do so)

13. What worked well on this project and why?

Simple project to make a difference in our community.

14. What did not work well and how would you suggest improving it?

N/A

15. How was this project publicized?

Direct communication with nurses

16. Scholarship Governor's grant only

- a. Name of scholarship awardee \_\_\_\_\_
- b. Current school \_\_\_\_\_
- c. University of college they will be attending \_\_\_\_\_
- d. Course of study \_\_\_\_\_
- e. Starting date \_\_\_\_\_

Project Inventory

Please list all items provided in this grant that are over \$500 in value and are not expendable.

Item Purchased	Date of Purchase	Cost	Initial Destination/ Location	Comments

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all the information contained herein is true and accurate. Receipts for all grant-funded expenditures are attached. 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 to the photographs, including copyright, and hereby grant the District, RI and TRF a royalty free irrevocable license to use the photographs now or in the future, through the District and the world in any manner it so chooses and in any medium now known or developed. This includes the right to modify the photographs as necessary in the District's and 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 the District, RI, and TRF.

**Please attach all receipts or an invoice and a copy of the check used to pay the invoice. Funds over \$100 not used must be returned to the district grants treasurer.**

Certifying signature of primary contact:

*Kellie Kegerreis*

Date: 8/26/25

Print name Kellie Kegerreis

**Upload this report on [matchinggrants.org](https://matchinggrants.org) in .pdf format only**