Application For Funding

Date		Amount Requested \$		
Applicant name (Rotary Club)			_	
Description of Project				
Beneficiary or recipient name, add	ress, and relationship			
Deadline for funding, if any				
Once donations are complete, desi account information)				
Is this funding applicable to a Distr		lease identify the grant.		
Project Budget:				
Source	Income	Vendor/Distribution	Expense	
TOTAL		TOTAL		
Applicant's signature confirms com	pliance with all Policie		e Foundation.	
Signature:				
	For Office Us	e Only		
Foundation approval and date:				
Funding date and details				

Completed application should be sent as an e-mail attachment to foundation@rotary6450.org

Project Approval and Management for

The Charitable Foundation of Rotary 6450, Inc

If approved, the Rotary Club of	agrees to the following project management policies
and procedures and will remain in com	pliance with the overall purpose of The Charitable Foundation of
Rotary 6450, Inc.	
Rotary Club of	, Club Agreement number:

Project Implementation and Management

As you implement your project, be sure to obtain and save itemized Proof of Payment (PoP) for all expenses or payments associated with the Charitable Foundation Grant.

The Charitable Foundation of Rotary 6450, Inc., upon approval of your project, is making a "Grant" to your club or to a pre-approved not for profit agency or non-governmental agency (NGA).

Our Club agrees that we are the managers of the project and that all aspects of the project and its finances conform to the policies of The Charitable Foundation.

Out projects is in this area of focus:

- Prevention and resolution of conflicts and the promotion of peace
- Prevention and treatment of disease
- Clean water and sanitation
- Maternal and child health
- Basic education and literacy
- Economic and community development

Your Club's Final Report is due no later than 45 days following the end of a project by email submission of this completed excel file, scanned copies of all Proof of Payments, check requests and promotional material to foundation@rotary6450.org.

If your Club does not submit a complete Final Report for each approved grant project prior to the due date, it may not be eligible to receive any Charitable Foundation Grants in the following year.

Once the completed report has been submitted, the Charitable Foundation Treasurer will review it and the Proof of Payment documentation for compliance with the Program Details. If the use of the grant funds is found to be out of compliance, the final grant reimbursement or distribution may be in jeopardy. The treasurer will notify you if this is necessary.

The Final Report Form is included in this file and has been prepopulated with information provided by you in the approved Application Form, also in this file. You can access the Application and Report Forms by clicking on the appropriate tab below.

Please complete the Final Report in its original excel format, filling in all of the yellow fields and applicable check boxes. When completing the Project Expense section, use one line for each Proof of Payment so that the total on the PoP equals the figure in the "amount" column. There should be one entry for each PoP (i.e., if you have 5 itemized receipts, there should be 5 completed expense lines). Be sure to check the box indicating you have scanned and are submitting each assocated PoP. If you have

returned excess materials or have any other type of refund, please be sure to also include those receipts/PoPs. If you require additional lines, please contact the District Grant Coordinators.

Project Promotion and Celebration: We encourage you to submit pictures of your project with your final report and to share your club's project via social media with pictures, comments and videos. If you post on your club's Facebook page please also link to the Rotary District 6450 page.

For payment of grants and grant expenses the following is acceptable:

Invoices made out to The Charitable Foundation of Rotary 6450, Inc. for which the Foundation will pay Foundation check request form

If reimbursement for out of pocket expenses the check request form must include:

- Itemized cash receipt
- Itemized credit card receipt
- Paid invoice w/zero balance and copy of cancelled check or credit card receipt

Cancelled check w/itemization details

Project Implementation and Grant Closure – Submission of Final Report Form

Please complete this form by filling in the yellow cells 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. This report must be submitted by the due date below. Once you have completed the form, save with the same file name in Excel (please do not PDF), scan all Proof of Payment documents and email to foundation@rotary6450.org. For questions, please email foundation@rotary6450.org.

Club Name Grant Allocation Report Due Date	\$		
Project Title			
Project Report	(Please provide a synopsis of t	the project activities in the space provided)	
How many non-Rotari How many Rotarians រុ			
Give an example of ho	ow Rotarians participated:	: (Please limit comments to space pr	ovided)
How did you share the	e news of your project?		
Select all that apply: Club Facebook District Website/N	-	totary Dar Rotary Showcase Cooperating Organization	District Facebook
Project Funding Grant funds Club funds Total	\$ \$ \$	Please enter all Proof of Paymen below. For every PoP there should and each line should have only associated with it. The "amount should equal the total amount on	be one line, one PoP t" column

Actual Project Expenses				
Proof of Payment can be one of the following: cancelled check, bank statement, bonafide itemized receipt				Proof of
<u>Date</u>	Expense Type	<u>Vendor</u>	<u>Amount</u>	<u>Payment</u>
			\$ -	

By completing this form and returning it to The Charitable Foundation of Rotary 6450, Inc., your Club confirms it has abided by the Club Submitted Project Request and is in compliance with The Charitable Foundation of Rotary 6450, Inc. Terms and Conditions. Any deviation may result in non-payment of the grant.

Click the box for "Yes"
Have you entered all expenses and receipts?
Have you scanned all receipts/proof of payment to submit with this report?
Has your Club complied with the Program Details to the best of your knowledge?
Is someone other than the Club President completing this report?

*** Don't forget to SAVE! ***



PAYMENT AUTHORIZATION FORM Fiscal Year 2020-2021

Mail to: c/o RI District 6450, Inc. 400 E. Randolph. St., #2305, Chicago IL 60601 or email to foundation@rotary6450.org

Date:		
Project:		
R	eimbursement for Out of Pocket Expenses	
P	ayment of Invoice	
F	nal Distribution of Net Project	
C	ther:	
Submitted	by	
Short Descript	ion	
Ph	one	
Amo	unt \$	
Payable to:		
Organization		
Address 1		
Address 2		
City		
State		
Zip		
		_
For Office Only		
Date Rece		_
Date	Paid Ry:	