

2019-2020 Club Grants for Membership Development

The District Board has grants to support membership development. Clubs may complete a form for a new member promotion, event, etc. and request **up to \$250** as a match for the cost of the activity. Multiple Club events may request **up to \$500**. Steps: 1) complete the top half of this form and submit to **office@rotary6450.org**. Upon submission of the request you will be informed of your grant status. 2) then hold your event. 3) complete a report of your event, bottom half of form by June 1, 2019 and submit to **office@rotary6450.org**.

Club:									
Planned Members	hip Event/Ac	ctivi	ty (brie	f des	scrip	tion)):	
Total Budget for									
Event:									
Name submitting form:									
Email:									
REPORT:									
REPORT:	t/Activity Ex	neri	iena	ce (b	rief	desc	rinti	on):	
REPORT: Membership Even	t/Activity Ex	peri	ienc	ce (b	rief	desc	ripti	on):	
	t/Activity Ex	peri	ieno	ce (b	rief	desc	ripti	on):	
	t/Activity Ex	peri	ieno	ce (b	rief	desc	ripti	on):	
Membership Even	t/Activity Ex	peri	ieno	ce (b	rief	desc	ripti	on):	
Membership Even Date of Event:		peri	ieno	ce (b	rief	desc	ripti	on):	
Membership Even Date of Event: Total Net Expenses	at/Activity Ex	peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event:		peri	ieno	ce (b	rief	desc	ripti	on):	
Membership Even Date of Event: Total Net Expenses		peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event:		peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event: Name submitting		peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event: Name submitting form:		peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event: Name submitting form: Email:		peri	ieno	ce (b	rief	desc	ripti	on):	
Date of Event: Total Net Expenses for Event: Name submitting form:	\$	peri	ieno	ce (b	rief	desc	ripti	on):	



ROTARY International District 6450, Inc.

PAYMENT AUTHORIZATION FORM Fiscal Year 2019-2020

Mail to: RI District 6450, Inc. 400 E Randolph St. Suite 2305 Chicago, IL 60601 or email to office@rotary6450.org

Date:		
Department, pleas	se check	
XXX	Membership Development	
Short Descript	tion	
Amo	ount \$	
Payable to:		
Contact Name	,	
Rotary Club		
Address 1		
Address 2		
City	,	
State		
Zip		
Contact Email		
Please attached Budget:	all receipts / payment dod	cumentation for the full event = =
		= =
		TOTAL:
For Office Only		
Date Rece	eived Paid	Approved By: