

Project Name:

Project Focus Area:

Project Location:

International Sponsor Club:

District 5030

Host Sponsor Club:

District

Needs Assessment: Who conducted the Community Needs Assessment and who in the community was involved in providing the input? Describe the need(s) your project intends to address. ¹

Project Description: Describe the project you, your partner club(s) and cooperating organizations have determined that you are capable of executing, and will meet the community needs.

Measurable Outcomes of your Project:

* Beneficiary Community:

* Who will benefit and how?

* What are the measurable outcomes (**results**) you expect from this effort and expense, and how will you measure/ quantify the results? E.g. “Within two years, school absenteeism will drop by 25% due to improved hygiene/ sanitation.” Method: School attendance records.

¹ In conducting the community needs assessment, refer to “Communities in Action” (www.rotary.org/RIdocuments/en_pdf/605a_en.pdf) and “Community Assessment Tools” (www.rotary.org/RIdocuments/en_pdf/605c_en.pdf)

Result #1:
Method of measurement:

Result #2:
Method of measurement:

Result #3:
Method of measurement:

Result #4:
Method of measurement:

Result #5
Method of measurement:

Sustainability:

* What sustainability elements² have you included in the Implementation Plan?

* When will the project start and when will it be completed?

Project Partners: (list Rotary Clubs and cooperating organizations and the roles each will play)
Entity Role

Project Application Checklist (verify that you have confirmed or will obtain the following):

- Your club and the Host sponsor clubs are in good standing with R.I.
- MOUs with all partners and Cooperating Organizations signed and in hand.
(Confirm these are in place. No need to provide the district a copy, but TRF will require a signed copy.)

² See www.rotary.org/myrotary/en/document/638 for guidelines re: sustainable elements.

MOU signed between your club & D5030. (Send signed copy to District Stewardship Officer.)

The 3-person grant committee from each sponsor club is set. Be prepared to provide the name and contact information of the Primary Contact in each club.

Impact/ benefits monitoring plan complete.

Quotations/ bids/ pro forma invoices for major project expenditures in hand.

PROJECT OVERSIGHT RESPONSIBILITY

Primary Contact (Intn'l Sponsor): _____
(Rotarian's name)

Email: _____

Primary Contact (Host Club): _____
(Rotarian's name)

Email: _____

Your Club's Approvals:

President (15-16)

Print Name

Signature

President-elect (16-17)

Print Name

Signature

President-nominee (17-18)

Print Name

Signature

FINANCING & BUDGET

CAUTION: Do not list a Rotary club as a source of funds until that club has committed to giving you the money. Do not begin the TRF on-line application until you have your funding nailed down!

BUDGET		FUNDING	
Expense Category	Amount	Sources of Funding	Amount
		D5030 Designated Fund Request	
		R.I. World Fund Match Request	
TOTAL		TOTAL	

E-mail this form to: d5030grantshelpdesk@rotary5030.org.

For D-5030 use:

Date Received: _____

Clubs qualified? _____

_____Alan Merry_____