

4. PRIMARY HOST PARTNER IN THE PROJECT COUNTRY

List the club or district *in the project country* that assumes joint responsibility for the project.

CLUB _____ CLUB ID NUMBER (IF KNOWN) _____ DISTRICT _____ COUNTRY _____

Project Committee: A committee of at least two Rotarians must be established by the primary host partner to oversee the project for its duration, even if it continues into another Rotary year.

Primary Contact (must be member of above club/district)

Name _____
MEMBER ID NUMBER (IF KNOWN) _____

Rotary club _____
DISTRICT _____

Position/title _____

E-mail _____

Address _____
STREET ADDRESS _____

CITY / STATE / POSTAL CODE _____

COUNTRY _____

Telephone _____
HOME _____

OFFICE _____

Fax _____

Additional Contact

Name _____
MEMBER ID NUMBER (IF KNOWN) _____

Rotary club _____
DISTRICT _____

Position/title _____

E-mail _____

Address _____
STREET ADDRESS _____

CITY / STATE / POSTAL CODE _____

COUNTRY _____

Telephone _____
HOME _____

OFFICE _____

Fax _____

5. PRIMARY INTERNATIONAL PARTNER OUTSIDE THE PROJECT COUNTRY

List the club or district *outside the project country* that will assume joint responsibility for the project.

CLUB _____ CLUB ID NUMBER (IF KNOWN) _____ DISTRICT _____ COUNTRY _____

Project Committee: A committee of at least two Rotarians must be established by the primary international partner to oversee the project for its duration, even if it continues into another Rotary year.

Primary Contact (must be member of above club/district)

Name _____
MEMBER ID NUMBER (IF KNOWN) _____

Rotary club _____
DISTRICT _____

Position/title _____

E-mail _____

Address _____
STREET ADDRESS _____

CITY / STATE / POSTAL CODE _____

COUNTRY _____

Telephone _____
HOME _____

OFFICE _____

Fax _____

Additional Contact

Name _____
MEMBER ID NUMBER (IF KNOWN) _____

Rotary club _____
DISTRICT _____

Position/title _____

E-mail _____

Address _____
STREET ADDRESS _____

CITY / STATE / POSTAL CODE _____

COUNTRY _____

Telephone _____
HOME _____

OFFICE _____

Fax _____

6. PROJECT BUDGET

Include a complete itemized budget for the entire project and indicate which currency is used. Please answer the questions provided about purchase of equipment, materials, or supplies. Use separate pages if necessary. **Pro forma invoices, supplier price quotes, and/or other cost documentation may be required upon request.**

Item to be purchased	Name of supplier	Cost

Total (identify currency) _____

Exchange rate used _____

7. PURCHASE OF EQUIPMENT

1. Who will own equipment and maintain, operate, and secure items purchased with grant funds? (Equipment cannot be owned by a Rotary club or Rotarian.)
2. Is software necessary to operate any budget items? If so, has software been provided?
3. Will training in use and maintenance of technical equipment be provided?
4. If budget items will be shipped, have arrangements been made for customs clearance?

8. PROPOSED FINANCING

If SHARE District Designated Funds (DDF) are part of the funding for this Matching Grant, either attach a letter(s) from the district Rotary Foundation committee (DRFC) chair(s) authorizing the use of those funds and specifying the amount or have the DRFC chair(s) authorize the use of the SHARE funds by signing below. Only the chair, on behalf of the DRFC, can authorize the use of SHARE DDF. Please list all financing and indicate cash or SHARE (DDF) amounts.

Rotary Club/District	Amount Contributing (identify currency)	Cash or DDF		DRFC Chair Authorization
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

SUBTOTAL _____

Amount requested from The Rotary Foundation _____

Additional funding from other sources _____

TOTAL _____ *(Must be equal to budget cost)*

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25,001 TO US\$150,000)

If your grant request is for US\$25,001 or more, a **community needs assessment** must be included. This assessment should demonstrate how the proposed project

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants* (144-EN) for additional information.

Community needs assessment attached

10. PARTNERSHIP AUTHORIZATION

All Rotary clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners' signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants* (144-EN).
- The club/district has agreed to undertake this project as an activity of the club/district.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF **after** Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

Host Partner

- Club President (if club-sponsored)
 District Grants Subcommittee Chair (if district-sponsored)

NAME

TITLE

CLUB DISTRICT

SIGNATURE DATE

International Partner

- Club President (if club-sponsored)
 District Grants Subcommittee Chair (if district-sponsored)

NAME

TITLE

CLUB DISTRICT

SIGNATURE DATE

11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines."

DISTRICT GRANTS SUBCOMMITTEE CHAIR SIGNATURE

DISTRICT

12. REPORTS

Although *both* partners are ultimately responsible for completing progress and final reports, one partner should take primary responsibility for submitting the reports to TRF.

"By signing below, our club/district accepts primary reporting responsibility."

SIGNATURE

CLUB

DISTRICT

13. COMPLETION CHECKLIST

Before submitting your Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact TRF staff (see below).

- Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- Does the project meet **all** grant policies and guidelines (see *The Guide to Humanitarian Grants* [144-EN] or the RI Web site at www.rotary.org)? Does the project description clearly state how the project will assist those in need?
- Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application?
- Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- Are there written commitments (or signatures on section 10 of the application) from each primary project partner? If *SHARE* District Designated Funds (DDF) are used, the current district Rotary Foundation committee chair must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a cooperating organization involved? If so, are there letters from 1) the organization, specifically stating its responsibilities, how it will work with Rotarians, and its agreement to cooperate with any financial review of the project; and 2) the primary host partner, indicating that it has knowledge of the organization and endorses the cooperative effort?
- Does the project involve a revolving loan? If so, is appropriate documentation included?
- If your grant request is for US\$25,001 or more, is a community needs assessment attached?
- Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)?
- Have you made copies of all documents for your files prior to submitting them to TRF?

Note: You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by The Rotary Foundation Trustees.**

Send the completed application and all attachments to:

Matching Grants
The Rotary Foundation
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Telephone: (847) 866-3000
Fax: (847) 328-8554
E-mail: grants@rotaryintl.org





**Matching Grants
The Rotary Foundation
One Rotary Center
1560 Sherman Avenue
Evanston, IL 60201-3698 USA**