

DISTRICT GRANT APPLICATION DISTRICT 5440

(TRF MISSION RELATED)
Effective May 1, 2015



GRANT APPLICATION INSTRUCTIONS

Only clubs that have submitted a district grant planning form by May 15, 2015 and received notification of preliminary approval may submit an application.

1. This is the name of the club applying for the grant.
2. **Do not** provide the extensive background of the need. Describe what you are going to do, where you are going to do it and the objectives of the project. Be sure to indicate the anticipated start and stop date of the project.
3. Show the community need and how the project meets this need. Indicate how many people will benefit from this project.
4. All grants require "hands on" involvement whether local or international. Describe the activities of both your club members and of Rotarians in any other club who may be involved. **BE SPECIFIC.**
5. Public relations efforts are required.
6. This person is required to submit all required reports, to monitor progress and insure completion of the project. All requirements for record keeping and money management must be met.
7. These sections pertain only to international projects. The "hands on" and Final Report by the Primary Contact requirements remain in effect
8. If the person managing the project is different from the person in item 6, please provide their contact information.
9. Only applicable if using a Cooperating Organization. **Be sure to submit the letter of participation with the application.**
10. Be as accurate as possible. Retain copies of any bids or preliminary invoices secured at this time.
11. Accurately show how the project will be funded. Totals in #10 and #11 **must be the same.** The maximum that can be requested from the District is \$4,000.
12. Signatures on last page **must be from three different people in the club plus the district grants committee member assigned to the project.** All three of the people in the club should be involved, aware and willing to accept responsibility for supervision, record keeping and preparation of the Final Report if needed. The signature of the district grants committee member signifies that the application has been reviewed and meets all of the district grant guidelines.

Applications will be accepted on a first-come, first-serve basis.

A Final Report must be submitted within 30 days of the completion of the project, with an Interim Report due on the 12 month anniversary of the grant. Grant report forms are available on the District Website. **Reports must be accompanied with receipts and other documentation to verify proper expenditures.**

Submit the application to your district grants committee member who will then approve it and send it on to the district grants chair.

DISTRICT 5440
District GRANT APPLICATION
(modified May 21, 2014)

Our Mission:

... to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty.

(Endorsed by the Council on Legislation, April 2007)

Please print or type all information

1. ROTARY CLUB of Casper 5-Trails

2. Briefly describe the project, its location, and its objectives.

The project is to construct a public restroom facility at the Centro de Salud de Boquete (public health center), Boquete, Panama. The health center currently has restroom facilities for staff only and but has none for the patients. The facility will be constructed behind the public health center in an area our Rotary Club has been actively been working on already constructing a waste containment structure. The objective is to provide a clean, wheel chair accessible restroom facility to allow the patient privacy and dignity for both men and women.

Mid December, 2015

Start Date (Cannot commence before grant is approved!)

June 2016

Estimated Completion Date

3. Describe how the project will benefit the community and/or improve the lives of the less fortunate. Also indicate the number of people that will benefit by this project.

This facility will supply a clean private place for patients at the Centro de Salud de Boquete to use toilet facilities. Currently they are forced to use the adjacent alley which is not only unhealthy but also degrading for the patients. This facility offers health services to hundreds of indigenous people that live in the mountains surrounding Boquete.

4. Describe the nonfinancial participation by sponsoring Club Rotarians in the project (i.e., How many Rotarians will be involved and what will they do?).

Our onsite partner in the project is Club Rotario de Boquete. They will provide construction oversight during construction by a private contractor as well as provide the project manager, David Scriven, with photos and updates during construction. The project will involve two to three members of that Rotary Club. After the construction is complete, a team of Interact and Rotaract Members from District 5440 will travel to Boquete to paint the facility and do landscaping. This team will be led by David Scriven of the Casper 5-Trails Club and Marcy Predmore of the Estes Park Longs Peak Club.

Are other Rotarians, either local or international, going to be involved in the project? At this time, only the Rotarians mentioned above will be involved with the project. How?

5. How will the general public know this is a Rotary-sponsored project? Please provide details of the publicity plan.

Club Rotario de Boquete has a large sign they place on site while doing projects and that we have used on several occasions while doing work in Boquete. A photo is attached showing this sign. The Centro de Salud de Boquete is located just off the town square with an abundance of local traffic driving past the site. Our experience in the past is the community is very aware of the work we are doing at the time.



6. Project Contact – Who in the club is the primary contact who will monitor progress, provide additional information if needed and submit the final report?

<u>David Scriven</u>	<u>PDG</u>	<u>davescriven@westernstatesmining.com</u>		
<i>Primary Contact Name</i>	<i>Rotary Title/Position</i>	<i>E-mail</i>		
<u>6911 Casper Mountain Road</u>	<u>Casper</u>	<u>WY</u>	<u>82601</u>	<u>(307) 262-7174</u>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Phone</i>

7. **International Projects only** – Identify the partner organization that you will work with in the host country and what experience you have working with them. Also indicate how this partner will help assure that the project is completed as proposed, funds spent appropriately, recognition of Rotary visible, and reports completed in a timely manner, including receipts and bank records?

Our partner organization for this project is the Club Rotario de Boquete. I, PDG Dave Scriven, have been working with this club on various projects in and around Boquete for four years and have made six trips to Boquete to work on projects or for planning projects. The two lead gentlemen working on this project will be Hector Sanchez and Howard Hill. Hector has worked on several Rotary Construction projects as well as several restroom facilities in schools in the area. Howard has been my main contact in Boquete for several years and is a founding member of the club and a past president. This project is one we have been discussing for several years and the local club is well aware of what needs to be done. They will be sending me constant photo updates and all receipts. I will personally be on site at the conclusion of the project in June when we will paint the facility and do landscaping.

8. Provide project manager name and contact information if different from 6 above.

Contact Name	Rotary Title/Position	E-mail
Address	City/State/Zip	or Country
		Phone

9. Cooperating Organization – If the project involves a cooperating organization, please provide the name of the organization below and attach a letter of participation from that organization that specifically states its responsibilities and how the organization will interact with Club Rotarians for the project. **By signing this application, the Rotarian sponsors endorse the organization as reputable, responsible, registered with the project community, and ensure grant activities, including the conversion of funds, are in accordance with local law.**

 Name(s) of Cooperating Organization(s)

10. Budget – Provide an estimate of the total cost of the project. Information regarding the items to be purchased should be included, if known. **Retain copies of any preliminary invoices for your records.** Add lines if needed. Please note that district grants will not fund: travel expenses, scholarship programs, construction of new buildings, or fundraising activities not directly related to a humanitarian activity.

Item	Cost
Labor	\$2,000.00
Materials and Taxes	\$3,100.00
Contingency	\$ 500.00
TOTAL COST OF PROJECT	\$5,600.00

11. Financing – Provide the sources and amount of financing for this project. The total financing must meet the total cost of project. Add lines if needed.

Amount requested from District: \$ 2,500 (Maximum \$4,000)

Source of Funds	Amount
Club Casper 5 Trails - \$2500;	\$2,500.00
District	\$2,500.00

Other:	
Club Rotario de Boquete	\$200
Estes Park Interact Funds	\$400
TOTAL AMOUNT OF FINANCING	\$5,600

12. Signatures

As President of the Rotary Club of Casper - Five Trails, I hereby affirm that the club's board has voted to undertake this project as an activity of the club. The club is qualified under district requirements. In consideration of receipt of these grant monies, we agree to abide by the *Club Memorandum of Understanding* and to submit a final report within 30 days of completion of the project. If the Primary Contact for this project is unavailable or unable to submit the required reports, I understand that I must complete and submit them within the required timelines. Failure to file complete and timely reports will necessitate the repayment of all grant funds received. I also affirm that all information in this grant application is true and accurate, to the best of my knowledge.

By signing this application, we acknowledge that we understand that copies of all receipts (or an invoice and a copy of the check used to pay the invoice) are required for all items purchased with the funds provided for this grant.

<u>Wayne Heili</u> Club President's Name (please print)	<u></u> Club/President's Signature	<u>11/28/2015</u> Date
<u>David Scriven</u> Primary Contact for Grant (please print)	<u></u> Primary Contact for Grant Signature	<u>11/21/2015</u> Date
<u>Roxy Skogen</u> Club Foundation/Grants Chair (please print)	<u></u> Club Foundation/Grants Chair Signature	<u>11/30/15</u> Date
<u>Ronnie E. Hogan</u> District Grant Committee Member (please print)	<u></u> District Grant Committee Member Signature	<u>12/2/15</u> Date

Send completed application to:
E-Mail: district5440grants@gmail.com

For District Use Only

Review and Approval Signatures			
_____	_____	_____	_____
District Grants Committee Chair	Date	District Foundation Committee Chair	Date
_____	_____		
District 5440 Governor Signature	Date		
District Grant Number: _____		Application Number: _____	
Notes:			