

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 _____ Jackson Hole _____

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

The Club will make a grant to the Jackson Cupboard. The Cupboard provides essential, nutritious food for our community members in need. The Cupboard serves an average of 500 individuals per week. The organization is run solely by volunteer help and by food and monetary donations. Many Rotarians volunteer at the Cupboard, providing valuable service to the organization.

In the festive season, demand increases at the Cupboard. This grant will allow the organization to provide much needed food during the winter months.

_____ December 15, 2015 _____
Start Date (Cannot commence before grant is approved!)

_____ January 1, 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.

Food and vouchers will be provided to those in need. Anyone can receive assistance three times without referral. After that, they need to obtain a referral from one of the social service entities in town. 500 individuals per week are served.

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?).

Several Rotarians regularly volunteer at the Cupboard. In any given year, six Rotarians give their time. In addition, RCJH sponsors the Boy Scouts Troup 268. The Troup conducts an annual food drive for the Cupboard, canvassing the entire town to gather food donations. I estimate that ten Rotarians actively assist in this effort.

Are other Rotarians, either local or international, going to be involved in the project? _____ How?
As with most projects, we will inform the other Jackson clubs and encourage them to participate.

5. How will the general public know this is a Rotary-sponsored project? Please provide details of the publicity plan.
We will submit a press release and create a photo opportunity. We will post this on our FaceBook page and on our Website. We will share the press release with the District as well.

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?

Clare Payne Symmons President clare@cpsymmons.com
Primary Contact Name *Rotary Title/Position* *E-mail*

PO Box 10396 Jackson, WY 83002 (307) 699-0993
 Address City State Zip Phone

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?

7. 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

8. 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)

9. 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
This is a direct grant to the Food Cupboard to allow it to purchase food and to provide Food vouchers to those in need. The district grant will go directly to the Cupboard	\$2,000
The Rotary Club of Jackson Hole will match the grant	\$2,000
TOTAL COST OF PROJECT	\$4,000

10. 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: \$ 2,000 (Maximum \$4,000)

Source of Funds	Amount
Club	2,000
District	2,000
Other:	
TOTAL AMOUNT OF FINANCING	4,000

12. Signatures

As President of the Rotary Club of Jackson Hope, 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.

Clarefayne Simmons Clarefayne Simmons 12-3-15
 Club President's Name (please print) Club President's Signature Date

Clarefayne Simmons Clarefayne Simmons 12-3-15
 Primary Contact for Grant (please print) Primary Contact for Grant Signature Date

B.M. BOLLINGER B.M. Bollinger 12/8/15
 Club Foundation/Grants Chair (please print) Club Foundation/Grants Chair Signature Date

NANCY PETTUS Nancy Pettus 12/8/15
 District Grant Committee Member (please print) District Grant Committee Member Signature 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:			