



District 5320

# District Grant Application

Date:

Rotary Club of:

**GRANT PREREQUISITES (All items must be current to proceed)**

Current                      Not Current

**District and RI Dues Status:**

*(Your club must be current on both District and RI dues at the time of application to proceed. Your club must also be current on all dues at the time of funding.)*

**Previous Grant Reporting Status:**

*(Your club must be current on reporting requirements for previous grants prior to funding any new grants.)*

**Grant Management Seminar Status:**

*(Two Rotarians from your club must have attended the latest seminar.)*

**MOU Status:**

*(Your club must have signed a District or TRF MOU for local projects and a TRF MOU for international projects.)*

**Project Name/Title:**

**Project Leader Name:**

**Project Leader Email:**

**Project Leader Phone:**

**Brief Project Description:**

The local Meals on Wheels project feeds and delivers meals Monday - Saturday to about 20 low income disabled & elderly citizens who are unable to leave their home. Without those delivered meals, many would go with out food completely. Currently there is not funding to ensure that these individuals would be able to eat 7 days a week. The funds provided would be used to cover the gap in funding needed by the Avalon Meals on Wheels to ensure that these disabled, low income residents are able to eat 7 days per week.

**1. Project Start and Ending Dates:**

*(Projects may not begin prior to the District receiving approval from TRF. Reimbursements for earlier expenses are not eligible. Projects must be completed by the end of each Rotary year.)*

**2. Project Location:**  Community  International

*(If the project is international, will there be a Rotary club from the other country involved? If so, explain how they will participate.)*

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### 3. Project Budget:

(Attach a complete project budget. List all revenues and expenses. These amounts MUST balance.

If the goods and services are to be purchased from an international source, is the budget properly calculated in US dollars?)

\$5,640

### 4. Grant Funding:

(How much will clubs be contributing? Club contributions must be equal or greater than the amount requested from the District.)

Club(s) Contribution	District DDF	Total
\$ 2,820	\$ 2,820	\$ 5,640

### 5. Participating Clubs:

(If other clubs will be participating in this project, list each club and its contribution.)

	\$	
	\$	
	\$	

### 6. Other Support:

(What other in-kind contributions, discounts or financial support are you getting for the project?)

Local restaurants have and will continue to work with us on discounted meal service to ensure all are fed within the budgeted amount

### 7. Other Involvement:

(What other groups or organizations will be involved and how will they be participating? Attach participation letters from any non-Rotarian organizations partnering in the project.)

Avalon Meals on Wheels (approx 6 volunteers)

### 8. Club Participation:

(Show active involvement of the Rotarians in your club. How many club members will participate and what will they do?)

Approximately 6-12 Avalon Rotary members will be taking turns delivering these meals to the recipients on a weekly basis.

### 9. Who are the Beneficiaries:

(Who are you serving and how?)

We are serving the disabled low income Avalon residents by insuring they are provided meals 7 days per week. Many do not eat if they are not provided meals by Meals on Wheels because they cannot leave their home and often do not have the funds to purchase food. Since they are currently only provided food 6 days per week, many go without eating on Sundays because there is not funding to provide daily service.

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### 10. Lasting impacts on the community:

Provide a source of necessary nutrition to the community's disabled citizens, bettering the health and welfare of these individuals and the community. Promote proper nutrition and engage Rotarians

### 11. Rotary Area of Focus: *(check all that apply)*

- Peace and Conflict Resolution
- Disease Prevention and Treatment
- Water and Sanitation
- Maternal and Child Health
- Basic Education and Literacy
- Economic and Community Development

### 12. Funds Stewardship:

*(Describe how funds will be safeguarded and tracked. If funds are to be distributed to an international partner for purchase/use in another country, who will be responsible for the funds? How will transfers of funds to international partners be handled?)*

Each month the Meals on Wheels Treasurer will provide us with a report showing the date, amount of meals, and recipients (1st name basis only) who were provided meals through their service on Sundays. Our organization will then reimburse Meals on Wheels for those meals provided in the prior month. They currently have funds in their account to pay for a month of meals in advance so their accountability will be something that will not be a detriment to their ability to function.

### 13. Publicity: *(How do you plan to publicize your project? Check all that apply)*

- Press Releases
- Local Newspapers
- Community Newsletters
- Magazines
- Ads
- Cable TV
- Social Media
- Banners & Flyers
- Speakers
- Partner Organizations

### 14. Additional Comments:

The mission of the Avalon Meals on Wheels is to ensure that our disabled citizens can eat daily. They currently are not able to fulfill their mission due to a lack of funding. It is critical to our community's well being and to these individuals that they are provided nutrition every day of the week.

	<b>Cost/Meal</b>	<b># Participants</b>	<b>Weekly</b>	<b>8/1/16-6/30/16</b>
<b>Income</b>				
Recipient Share Paid to Meals on Wheels	\$3	20	\$60	\$2,820
<b>Expenses</b>				
Meal Cost paid to Restaurants	\$9	20	\$180	\$8,460
<b>Net provided by Avalon Rotary Club</b>			<b>\$120</b>	<b>\$5,640</b>