

DISTRICT 5490 SIMPLIFIED GRANT CLUB PROJECT APPLICATION FORM 2012-13 Page 1

Please print or type all information and use additional sheets of paper if necessary. Refer to The Rotary Foundation—District 5490 Simplified Grants Program Guidelines (on District website) for additional Information

| Rotary Club(s) involved in this project: | |
|---|--|
| 1. Rotary Club of Lake Havasu City | (Lead Club (responsible for submitting progress and final reports) |
| 2. Rotary Club of | 3. Rotary Club of |
| 4. Rotary Club of | 5. Rotary Club of |
| Describe the project, including its location and objectives. Will it proceed without this grant? <u>X</u> YesNo | |
| This grant is to provide furniture, equipment and supplies for a new youth center sponsored by Havasu for Youth. The center will | |
| provide educational classes, study lab, and a place where the yout | h of our community will want to go as an alternative |
| to being on the street. | |
| Estimated Start Date: July 15, 2013 | Estimated Completion Date: November 15, 2013 |
| Describe how the project will benefit the community and/or improve the lives of the less fortunate. | |
| This will provide the youth a learning experience as well as a fun | - |
| community will have a safe place for our youth. | |
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| | |
| Describe the non-financial participation by Rotarians in | the project (i.e., specific Rotarian activities) |
| Two committees will be set up. One committee to be composed o | f people who have specific contacts to provide the computers, |
| furniture, athletic equipment, etc. who will find and report the best prices available for the equipment needed and make the | |
| purchase of these items. The other committee will coordinate our members in installing the equipment, etc. | |
| Contact Information—Two Rotarians who will provide ov | versight and management of the project funds: |
| Cheryl "Dee" Ivy | C. Neil Ott |
| Primary Contact Name | Secondary Contact Name |
| Chair, Community Services | Committee Member |
| Rotary Position/Title | Rotary Position/Title |
| 951.265.2699 Telephone Fax | 928.230.1620 Telephone Fax |
| deeivy47@aol.com | neilott@hotmail.com |
| E-mail | E-Mail |
| How will the general public know this is a Rotary-Sponsored project? Please provide details, e.g., publicity in a newspaper, radio, television, display of the Rotary wheel. | |
| Press releases will be distributed to Today's News Herald, Murphy Broadcasting, and Channel 45. We will participate in the | |
| Grand Opening of the Center. | |
| Cooperating Organizations—If the project involves a cooperating organization, please provide the name(s) of | |
| the organization(s) below. By signing this application, the Rotarian sponsors endorse the organization as reputable, responsible, registered with the project country, and acting within the laws of the project country. | |
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| | |
| Havasu for Youth | |
| Name of Cooperating Organization | Name of Cooperating Organization |
| Budget—Please include a complete, detailed, and itemiz | |
| contractor and amount. Supporting documentation utilized for the development of this budget may be re- | |
| quested. Be sure and include pro forma invoices of all items costing \$1,000 or more. | |
| This completes page one of application—please complete page two of this application. | |