



## District Grant Final Report 2018-2019

This report must be completed and uploaded on [matchinggrants.org](http://matchinggrants.org) within 30 days after completion of the project but no later than 2 years after the date of approval of the project.

District Grant # 1694

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Rotary Club: The Foothills Rotary Club

Project Title: Rise Against Hunger

### Project Description:

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1. Briefly describe the project. What was done and where did the project activities take place? Explain how the beneficiaries and other community members were involved?

-We packaged over 10,000 meals and it was held in a warehouse at Exodus Moving Company. The meals are shipped in the US and outside the US. Rotarians invited some of their spouses and other community members

2. How many Rotarians participated in this project? 80
3. What did they do? Please give at least two examples.

We labeled, packaged and counted meals. They are a one pot meals for easy use filled with nutrition.

4. How many non-Rotarians benefited from this project? 10

5. Who are the beneficiaries and what is the expected long-term community impact of this project?

The beneficiaries are when disasters happen or to countries with low nutrition. Long-term our rotary club would like to do this every year. As Rotarians felt it was very rewarding.

6. If a cooperating organization was involved, what was their role?

Yes, they had a leader from Rise Against Hunger, they led the organization of the event of packing meals and celebrated when they were complete. They also help coordinate where the meals need to go.

7. Income:

Income Source	Amount
Foothills Rotary	\$3,307.28
Matching	\$1,000.00
<b>Total Project Income</b>	\$4,307.28

8. Expenditures: (number receipts starting with 1 and indicate a receipt # (s) for each expenditure) (Do not include travel expenses)

If international project convert amounts to US dollars	Receipt # (s)	Budgeted Amount	Actual Amount
Rise Against Hunger	1	3,500.00	\$3570.48
Total project expenditures			\$3,570.48

9. Please explain any variance of more than 5% between the budgeted amount and the actual amount including the reason for the variance and why the alternative was chosen.

10. Project score (5=strongly, 4=agree, 3= neutral, 2=disagree, 1=strongly disagree)

	Project Score	Comments
The overall project was successful	5	
The grant process worked well	5	
My interaction with partner clubs was good	N/A	
We achieved the results we expected	5	

11. Did you upload photos in your project on matchinggrants.org under the Photos tab? (If not, please do so)

Yes.

12. What worked well on this project and why?

It worked well because it was during Rotary lunch and with many hands we could package over 10,000 meals in about an hour.

13. What did not work well and how would you suggest improving it?

N/A

14. How was this project publicized?

Yes, it was in the Coloradoan and on our social media.

### Project Inventory

Please list all items provided in this grant that are over \$75 in value and are not expendable.

Item Purchased	Date of Purchase	Cost	Destination/ Location	Comments

By signing this report, I confirm that to the best of my knowledge these District Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all the information contained herein is true and accurate. Receipts for all grant-funded expenditures are attached. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights to the photographs, including copyright, and hereby grant the District, RI and TRF a royalty free irrevocable license to use the photographs now or in the future, through the District and the world in any manner it so chooses and in any medium now known or developed. This includes the right to modify the photographs as necessary in the District's and RI's sole discretion. This also

includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of the District, RI, and TRF.

**Please attach all receipts or an invoice and a copy of the check used to pay the invoice. Funds over \$100 not used must be returned to the district grants treasurer.**

Certifying signature of primary contact \_\_\_\_\_KAM\_\_\_\_\_ Date: 8/28/2018\_\_\_\_\_

Print name \_\_\_\_\_Kelly A. Moll\_\_\_\_\_

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