



DISTRICT GRANT CHANGE REQUEST FORM

Rotary Club:

District Grant #: Original Grant Title:

Amount of Grant:

Requested Change:

Date:

Signature:

Email:

Phone:

Scan and email to helenrotary@2maxwells.com or fax to 949 423-7339
Request will be sent to The Rotary Foundation and you will be notified
when approved.



DISTRICT GRANT CHANGE REQUEST FORM

Rotary Club:

District Grant #: Original Grant Title:

Amount of Grant:

Requested Change:

Modify partial grant funds ~~to be used~~ for HomeAid Family Shelter dinners. Request transfer \$1200 from the budgeted amount to HomeAid dinners to fund 4 more dinners to be served to Transitional Homeless families. Project already approved under P-3452

Date:

Signature:

Email:

Phone:

Scan and email to helenrotary@2maxwells.com or fax to 949 423-7339
Request will be sent to The Rotary Foundation and you will be notified when approved.



DISTRICT GRANT CHANGE REQUEST FORM

Rotary Club: IRVINE

District Grant #: P-3301 Original Grant Title: MEXICO DENTAL AND EYE CLINIC

Amount of Grant: 5000

Requested Change:

Modify partial grant funds to be used for Mercy House Transitional Housing Center 'Welcome Home Baskets'. Request transfer \$1000 from the budgeted amount to purchase items such as: cleaning supplies, dishes, cups, utensils, and other house-related items provided to new families entering Mercy House. We plan to purchase supplies and pack the welcome baskets as a hands on project and deliver to Mercy House by May 22

Date: APRIL 27 2021

Signature: *Harish Muntty*

Email: president@irvinerotary.org

Phone: 9493008912

Scan and email to helenrotary@2maxwells.com or fax to 949 423-7339
Request will be sent to The Rotary Foundation and you will be notified when approved.