



Rotary Opens Opportunities

## District/Governor's/Rotaract Grant Final Report 2021-2022

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. For scholarships, the report is due 30 days after payment of funds.

District Grant # (from [matchinggrants.org](http://matchinggrants.org)) 3426

Rotary Club: Torrington Rotary

Project Title: Senior's Dementia Learning System

### Project Description:

1. Is this a scholarship governor's grant report? Yes  No  (If yes, go directly to line 16)

2. 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?

A dedicated system that will be used by all the residents at the Asher Care Center.

3. How many Rotarians participated in this project? 6

4. What did they do? Please give at least two examples.

Research systems  
Arrange a demonstration of the IN2L system

5. How many non-Rotarians benefited from this project? 50-100

All the residents in the Goshua Care Center

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

Residents at the Goshua Care Center

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

8. Income:

Income Source	Amount
District Grant	5000
Torrington Satellite/Main	3209.50 / 3209.50
<b>Total Project Income</b>	<b>\$ 11,419</b>

9. 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
Invoice - Mobile Flex System Cost			7915.56
Invoice: Subscription - 3 tablets			3756.00
<b>Total project expenditures</b>			<b>11,671.56</b>

10. 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.

N/A

11. 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	2	
My interaction with partner clubs was good	5	
We achieved the results we expected	4	

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

13. What worked well on this project and why?

We were just the financial piece

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

15. How was this project publicized?

Presentation at noon Rotary meeting

At all our events, reference to the program and what it does/benefits.

16. Scholarship Governor's grant only

- a. Name of scholarship awardee \_\_\_\_\_
- b. Current school \_\_\_\_\_
- c. University of college they will be attending \_\_\_\_\_
- d. Course of study \_\_\_\_\_
- e. Starting date \_\_\_\_\_

Project Inventory

Please list all items provided in this grant that are over \$500 in value and are not expendable.

<b>Item Purchased</b>	<b>Date of Purchase</b>	<b>Cost</b>	<b>Initial Destination/ Location</b>	<b>Comments</b>

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 Michel Traher Date: 4-18-2023  
Print name Michel Traher

**Upload this report on [matchinggrants.org](http://matchinggrants.org) in .pdf format only**