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| A picture containing drawing, table  Description automatically generated | **District Grant Final Report Form**  **2023-2024** |  |

**District Grant Number:**

**Rotary Club:**

**Project Title:**

**Project Description**

1. Briefly describe the project (What was done, when was it done, where did it take place, and who were the beneficiaries)

**Rotarian Participation**

1. How many Rotarians participated in the project?
2. What did the Rotarians do? (Give two examples)

**Project Impacts**

1. How many non-Rotarians benefited from the project?
2. What are expected long-term benefits of the project?

1. If a cooperating agency was involved, what was its role?

**Financial Impacts**

1. Funding

|  |  |
| --- | --- |
| **Source** | **Amount** |
| 1. Amount of District Grant funds requested in original application |  |
| 1. Club matching funds |  |
| 1. Partner club(s) funds– specify club(s): |  |
| 1. Other Funds\* *(specify):* |  |
| 1. Other Funds\* *(specify):* |  |
| 1. Other Funds\* *(specify):* |  |
| **Total** |  |

*\* ”Other funds” are not included in the calculation of the district grant funding match*

1. Expenditures *(be specific, add supplementary page if necessary)*

**Note: Receipts for each expenditure must be attached**

|  |  |
| --- | --- |
| **Item** | **Amount** |
|  |  |
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|  |  |
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|  |  |
|  |  |
| 1. Sub-total from supplementary page if used |  |
| **Total** |  |

1. Amount of District Grant funds requested *(not to exceed the amount approved by the district or 50% of club expenses, whichever is less*):

**Certification**

I confirm that to the best of my knowledge the expenditures for this project for which District Grant funds will be received were spent only for eligible items in accordance with Rotary Foundation Trustee-approved guidelines, and that all the information contained herein is true and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Certifying Signature\*: |  | Date: |  |

Name:      

Club Position:

Rotary club of:

\*Certifying signature is not required if Report Form is submitted via e-mail with certifying party also listed in the address line.

Attachments:

1. Receipts sorted and labelled by budget category
2. Supplementary expenditure sheet if needed

Submit Final Report to: David Carroll at [dcarroll1960@aol.com](http://dcarroll1960@aol.com) and Pat White at [pkmsw@aol.com](http://pkmsw@aol.com)