**ROTARY CLUB OF HILO BAY COMMUNITY GRANT APPLICATION**

**Project Information**

Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RCHB Funds Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Leader Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Narrative**

|  |  |
| --- | --- |
| Proposed Project:(Description) |  |
| Location of Project: |  |
| Rotarians Involvement: |  |
| (How many) Rotarians x (How many) hours OR(How many) Rotarians hours |
| How will non-Rotarians benefit from this project? |  |
| Who will own equipment or supplies? |  |
| How will this Project be publicized? |  |

**Project Budget**

**Items to be purchased** **Cost**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_

**Total $\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Financing**

|  |  |
| --- | --- |
| Club or Organization | Amount |
| Rotary Club of Hilo Bay (this grant) | $ |
|  | $ |
|  | $ |
|  | $ |
| Total | $ |

**Project Reporting**

The project leader is required to complete and submit progress and final reports to the Rotary Club of Hilo Bay Grants Committee. Indicate below the individual who will take primary responsibility for submitting these reports*.*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization**

1. ll individuals and organizations involved in this project are responsible to Rotary Club of Hilo Bay Grants Committee. The signature at the bottom of this page confirms that the sponsors understand and accept responsibility for the project. Sponsors may either sign this page or submit a separate letter of commitment.

**By signing below, we agree to the following:**

* All information contained in this application is true and accurate, to the best of our knowledge.
* We agree that, should the project take more than six months to complete, interim reports will be submitted every six months from the time the grant is paid, and final reports will be provided no later than two months after the completion of the project.

Sponsor (Must be a member of Rotary Club of Hilo Bay)

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_