



The Rotary Foundation (TRF) Matching Grants Application

For grant requests of US\$ 5,000 to US\$ 150,000

Rotarians may use this application and attach additional pages as needed or may answer the questions below on blank paper, on the condition that the answers follow the same order as the application. Rotarians using the electronic version of the application will find that table cells expand automatically as information is added. *Incomplete applications will be returned to the primary host partner with a brief explanation. See The Guide to Humanitarian Grants (144-EN) for instructions and eligibility and program requirements.*

Note: Applications for revolving loan projects and grant requests of US\$25,001 or more have additional requirements. See **The Guide to Humanitarian Grants (144-EN)**, www.rotary.org, or contact TRF staff for more information.

1. PROJECT DESCRIPTION

1. What is the purpose of this project? Provide a brief description.

Access to medical care in remote areas of Guatemala is non-existent. Tejutla, 8000 feet in the Guatemalan highlands, like many of these remote villages is still recovering from the aftermath of a devastating civil war. The need for care is immense. Our medical/surgical team of 80 volunteers will provide comprehensive care during our 6-17 May, 2006 mission. Funds will be used to provide equipment and supplies for our team.

2. How will it meet the needs of the community?

Over 2000 people will be evaluated for treatable conditions to include, blindness (cataract), disfiguring scars (trauma, burns), tumors, hernia, appendicitis, gall bladder inflammation, congenital defects, strabismus (crossed eyes), gynecologic concerns (hysterectomy, pelvic masses) and dental emergencies. Based on recent missions the team expects to perform over 200 operations and deliver dental treatments to 400 people. This focused effort will have a profound effect on the general population health of this remote village.

3. How will the host and international partners communicate and work together to implement this project? Please provide specific examples of activities.

Host and International partners will work to support the eye team as needed. These surgical missions are conducted in the most rural areas of Guatemala. International partners will provide in country support to include translation, governmental liaison and transportation. Host partners may also participate in support roles during the actual surgical mission.

2. COOPERATING ORGANIZATIONS

If this project involves a co-operating organization:

Provide the name of the organization below.

Attach a letter of participation from that organization that specifically states its responsibilities, how it will interact with Rotarians in this project, and the organization's agreement to cooperate in any financial review of activities connected with the project.

Attach a letter of endorsement of the organization from the Rotarians in the project country.

Name of organization _____

Is the letter of participation from the organizations attached (Yes / No) _____

Is the letter from the project country Rotarians attached (Yes / No) _____

3. RELATIONSHIP TO OTHER RI OR TRF PROJECTS (OPTIONAL)

Is this project related to, or has it resulted from, other Rotary International or TRF projects? (Yes / No):

If so, please identify those projects.

Program	Individual's Name and/or Project #	Program	Individual's Name and/or Project #
WCS Projects Exchange		Group Study Exchange	
Individual Grant		Ambassadorial Scholarships	
3-H Grant		District Simplified Grant	
Matching Grant		Other:	

Could this project benefit from an international volunteer? (Yes / No) _____

4. PRIMARY HOST PARTNER IN THE PROJECT COUNTRY

List the club or district *in the project country* that assumes joint responsibility for the project.

Rotary Club of	Guatemala San Marcos	Club ID #	
District	4250	Country	Guatemala

Project Committee: A committee of at least two Rotarians must be established by the primary host partner to oversee the project for its duration, even if the project continues into another Rotary Year.

Primary Contact (must be a member of the above club/district)		Additional Contact	
Name	Manolo Moran	Name	Gilberto Juarez
Member ID #	65654	Member ID #	
Rotary Club of	Guatemala San Marcos	Rotary Club of	Guatemala San Marcos
District	4250	District	4250
Position/title	President 2004 / 2005	Position/title	President 2005 / 2006
E-mail	Manolomorán5@yahoo.com.mx	E-mail	dca@inteln.net
Street address	1a calle 9-29 zona 2	Street address	12 ave A 9-70 zone 3
City / state /postal code	San Pedro Sacatepequez, San Marcos	City / state /postal code	San Pedro Sacatepequez, San Marcos
Country	Guatemala, Central America	Country	Guatemala, Central America
Home Tel	+502-7760-5766	Home Tel	+502-5527-0197
Office Tel	Same as above	Office Tel	
Fax	+502-7760-5766	Fax	
Cellular		Cellular	

5. PRIMARY INTERNATIONAL PARTNER OUTSIDE THE PROJECT COUNTRY

List the club or district *outside the project country* that assumes joint responsibility for the project.

Rotary Club of	Coronado	Club ID #	909
District	5340	Country	USA

Project Committee: A committee of at least two Rotarians must be established by the primary host partner to oversee the project for its duration, even if the project continues into another Rotary Year.

Primary Contact (must be a member of the above club/district)		Additional Contact	
Name	Bruce Ives	Name	Daniel G. Gensler
Member ID #		Member ID #	
Rotary Club of	Coronado	Rotary Club of	Coronado
District	5340	District	5340
Position/title	Member	Position/title	President Elect 2006 / 2007
E-mail	bives@coronadofirst.com	E-mail	Dan@GenslerGroup.com
Street address	801 Orange Ave.	Street address	830 I Ave.
City / state /postal code	Coronado, CA 92118	City / state /postal code	Coronado, CA 92118
Country	USA	Country	USA
Home Tel	1-619-223-5939	Home Tel	1-619-435-6114
Office Tel	1-619-522-2550	Office Tel	1-619-230-0545
Fax	1-619-522-2570	Fax	1-619-230-1881
Cellular		Cellular	

6. PROJECT BUDGET

Include a complete itemized budget for the project and indicate which currency is used. Please answer the questions provided about purchase of equipment, materials, or supplies. Use separate pages if necessary. **Pro forma invoices, supplier price quotes, and/or other cost documentation may be required upon request.**

Item to be purchased	Name of supplier	Cost
Suture material, assorted sizes and types	Ethicon	\$3,600
Cannula, manual irrigating and aspiration	Carver surgical products	\$97
Forceps, Callebris	Carver surgical products	\$1,504
Forceps, tying curved	Carver surgical products	\$1,160
Forceps, tying straight	Carver surgical products	\$1,092
Head Light	BFW	\$1,225
Needle driver, locking	Carver surgical products	\$1,750
Rongeur, angled Kerrison	Carver surgical products	\$1,504
Scissor, blunt Westcott	Carver surgical products	\$720
Speculum, lid small	Carver surgical products	\$42.50
Slit lamp, hand-held	Carver surgical products	\$1,200
Pharmaceuticals, ophthalmic	Various	\$4,800
Pharmaceuticals, clinic	various	\$3,000
IOL, Anterior chamber, Kelman-style	Alcon	\$1,000
Bag, Hockey large	Varsity bags	\$3,000
Lens Tree set	Wilson Ophthalmic	\$200
Prism bar set	Wilson Ophthalmic	\$300
Spectacles, reading	Restoring Vision	\$1,500
Tonopen	mentor	\$3,000
Minor surgery procedure table	pemed	\$2,375
Surgical cautery machines	Valley lab	\$21,900
Portable surgery gurneys	Pemed	\$3,000
Pharmaceuticals, surgical	Various	\$3,300
Tubes Silicone Crawford or Quickert	Atrion	\$2,100
Irrigating loop, lens, vectus	Carver surgical products	\$280
Total (identify currency)		US Dollar
Exchange rate used		1 / 1
US\$ Equivalent		\$63,649.50
Note: To calculate the total automatically, place your cursor on the cell, click on Table, then Formula, then OK.		

7. PURCHASE OF EQUIPMENT

1. Who will own equipment and maintain, operate, and secure items purchased with grant funds? (Equipment cannot be owned by a Rotary Club or Rotarian)

Helps International

2. Is software necessary to operate any budget items? If so, has software been provided?

No

3. Will training in use and maintenance of technical equipment be provided?

Yes

4. If budget items will be shipped, have arrangements been made for customs clearance?

Yes

8. PROPOSED FINANCING

If *SHARE* District Designated Funds (DDF) are part of the funding for this Matching Grant, either attach a letter(s) from the **district Rotary Foundation committee (DRFC) chair(s)** authorizing the use of those funds and specifying the amount *or* have the DRFC chair(s) authorize the use of the *SHARE* funds by signing below. **Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* DDF.** Please list all financing and indicate *cash* or **SHARE (DDF)** amounts.

Rotary Club / District	US\$ Amount Contributing	Cash /DDF	DRFC Chair Authorization
Rotary Club of Coronado	\$41,833	Cash	
Rotary Club of			
Rotary District #5340	\$450	DDF	
Rotary District #			
Sub-total	\$42,283		
Amount requested from TRF	\$21,366.50		
Additional funding from other sources			
TOTAL	\$63,649.50		(Must be equal to budget)
Note: To calculate the subtotal and total automatically, place your cursor in the correct cell, click on Table, then Formula, then OK.			

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25 001 TO US\$ 150 000)

If your grant request is for US\$ 25 001 or more, a community needs assessment must be included. This assessment should demonstrate how the proposed project:

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants (144-EN)* for additional information.

Community needs assessment attached (Yes / No)	
--	--

10. PARTNERSHIP AUTHORIZATION

All Rotary Clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners' signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants (144-EN)*.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF **after** Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/ district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

HOST PARTNER		INTERNATIONAL PARTNER	
<input checked="" type="checkbox"/>	Club President (if club-sponsored)	<input checked="" type="checkbox"/>	Club President (if club-sponsored)
<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)	<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)
Name	Manolo Moran	Name	Bill Sandke
Title	President	Title	President
Rotary Club of	Guatemala San Marcos	Rotary Club of	Coronado
District #	4250	District	5340
Signature		Signature	
Date		Date	

8. PROPOSED FINANCING

If *SHARE* District Designated Funds (DDF) are part of the funding for this Matching Grant, either attach a letter(s) from the district Rotary Foundation committee (DRFC) chair(s) authorizing the use of those funds and specifying the amount or have the DRFC chair(s) authorize the use of the *SHARE* funds by signing below. Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* DDF. Please list all financing and indicate cash or *SHARE* (DDF) amounts.

Rotary Club / District	US\$ Amount Contributing	Cash /DDF	DRFC Chair Authorization
Rotary Club of Coronado	\$41,833	Cash	
Rotary Club of			
Rotary District #5340	\$450	DDF	
Rotary District #			
Sub-total	\$42,283		
Amount requested from TRF	\$21,366.50		
Additional funding from other sources			
TOTAL	\$63,649.50		(Must be equal to budget)

Note: To calculate the subtotal and total automatically, place your cursor in the correct cell, click on Table, then Formula, then OK.

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25 001 TO US\$ 150 000)

If your grant request is for US\$ 25 001 or more, a community needs assessment must be included. This assessment should demonstrate how the proposed project:

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants (144-EN)* for additional information.


Community needs assessment attached (Yes / No)

10. PARTNERSHIP AUTHORIZATION

All Rotary Clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners' signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants (144-EN)*.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF after Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/ district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

HOST PARTNER		INTERNATIONAL PARTNER	
<input checked="" type="checkbox"/>	Club President (if club-sponsored)	<input checked="" type="checkbox"/>	Club President (if club-sponsored)
<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)	<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)
Name	Manolo Moran	Name	Bill Sandke
Title	President / 2004 / 2005	Title	President
Rotary Club of	Guatemala San Marcos	Rotary Club of	Coronado
District #	4250	District	5340
Signature		Signature	

8. PROPOSED FINANCING

If *SHARE* District Designated Funds (DDF) are part of the funding for this Matching Grant, either attach a letter(s) from the district Rotary Foundation committee (DRFC) chair(s) authorizing the use of those funds and specifying the amount or have the DRFC chair(s) authorize the use of the *SHARE* funds by signing below. **Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* DDF. Please list all financing and indicate cash or *SHARE* (DDF) amounts.**

Rotary Club / District	US\$ Amount Contributing	Cash /DDF	DRFC Chair Authorization
Rotary Club of Coronado	\$41,833	Cash	
Rotary Club of			
Rotary District #5340	- \$450	DDF	
Rotary District #			
Sub-total	\$42,283		
Amount requested from TRF	\$21,366.50		
Additional funding from other sources			
TOTAL	\$63,649.50		(Must be equal to budget)

Note: To calculate the subtotal and total automatically, place your cursor in the correct cell, click on Table, then Formula, then OK.

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25,001 TO US\$150,000)

If your grant request is for US\$ 25,001 or more, a community needs assessment must be included. This assessment should demonstrate how the proposed project:

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants (144-EN)* for additional information.

Community needs assessment attached (Yes / No)

10. PARTNERSHIP AUTHORIZATION

All Rotary Clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners' signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants (144-EN)*.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF after Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/ district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

HOST PARTNER		INTERNATIONAL PARTNER	
<input checked="" type="checkbox"/>	Club President (if club-sponsored)	<input checked="" type="checkbox"/>	Club President (if club-sponsored)
<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)	<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)
Name	Manolo Moran	Name	Bill Sandke
Title	President	Title	President
Rotary Club of	Guatemala San Marcos	Rotary Club of	Coronado
District #	4250	District	5340
Signature		Signature	<i>Bill Sandke</i>
Date		Date	1-16-06

8. PROPOSED FINANCING

If *SHARE* District Designated Funds (DDF) are part of the funding for this Matching Grant, either attach a letter(s) from the district Rotary Foundation committee (DRFC) chair(s) authorizing the use of those funds and specifying the amount or have the DRFC chair(s) authorize the use of the *SHARE* funds by signing below. Only the chair, on behalf of the DRFC, can authorize the use of *SHARE* DDF. Please list all financing and indicate cash or *SHARE* (DDF) amounts.

Rotary Club / District	US\$ Amount Contributing	Cash /DDF	DRFC Chair Authorization
Rotary Club of Coronado	\$41,833	Cash	
Rotary Club of			
Rotary District #5340	\$450	DDF	<i>Marge Cole</i>
Rotary District #			
Sub-total	\$42,283		
Amount requested from TRF	\$21,366.50		
Additional funding from other sources			
TOTAL	\$63,649.50		(Must be equal to budget)

Note: To calculate the subtotal and total automatically, place your cursor in the correct cell, click on Table, then Formula, then OK.

9. COMMUNITY NEEDS ASSESSMENT (FOR GRANT REQUESTS OF US\$25 001 TO US\$ 150 000)

If your grant request is for US\$ 25 001 or more, a community needs assessment must be included. This assessment should demonstrate how the proposed project:

- Is viable and can be maintained by the benefiting community after grant funding has been fully expended
- Involves the benefiting community, including its ownership of the project

Please refer to *The Guide to Humanitarian Grants (144-EN)* for additional information.

Community needs assessment attached (Yes / No)	<input type="checkbox"/>
--	--------------------------

10. PARTNERSHIP AUTHORIZATION

All Rotary Clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and reporting on it. The partners' signatures confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

By signing below, we are agreeing to the following:

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *The Guide to Humanitarian Grants (144-EN)*.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF after Trustec approval of a Matching Grant.
- We understand that if our club/district or our partner club/ district has overdue progress or final reports for any previously awarded Matching Grants, this application will be returned to the host partner.

HOST PARTNER		INTERNATIONAL PARTNER	
<input checked="" type="checkbox"/>	Club President (if club-sponsored)	<input checked="" type="checkbox"/>	Club President (if club-sponsored)
<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)	<input type="checkbox"/>	District Grants Subcommittee Chair (if district-sponsored)
Name	Manolo Moran	Name	Bill Sandke
Title	President	Title	President
Rotary Club of	Guatemala San Marcos	Rotary Club of	Coronado
District #	4250	District	5340
Signature		Signature	
Date		Date	

11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

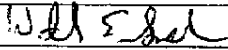
"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines."

District Grants Sub-Committee Chair Signature	District 5340

12. REPORTS

Although *both* partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the reports to TRF.

"By signing below, our club/district accepts primary reporting responsibility."

	William E. Sondke	5340
Signature	Rotary Club of Coronado	District 5340

13. COMPLETION CHECKLIST

Before submitting your Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact TRF staff (see below).

- X Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- X Does the project meet all grant policies and guidelines (see *The Guide to Humanitarian Grants* (144-EN) or the RI Web site at www.rotary.org)? Does the project description clearly state how the project will assist those in need?
- X Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application?
- X Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- X Are there written commitments (or signatures on section 10 of the application) from each primary project partner? If SHARE District Designated Funds (DDF) are used, the current district Rotary Foundation committee chair must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a co-operating organization involved? If so, are there letters from 1) the organization, specifically stating its responsibilities, how it will work with Rotarians, and its agreement to co-operate with any financial review of the project; and 2) the primary host partner, indicating that it has knowledge of the organization and endorses the co-operative effort?
- Does the project involve a revolving loan? If so, is appropriate documentation included?
- If your grant request is for US\$ 25 001 or more, is a community needs assessment attached.
- X Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)?

X Have you made copies of all documents for your files prior to submitting them to TRF?

Note: You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by The Rotary Foundation Trustees.**

Send the completed application and all attachments to:

E-mail: grants@rotaryintl.org

OR

Fax: (847) 866-9759

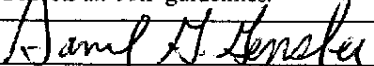
OR

Matching Grants
The Rotary Foundation
One Rotary Centre
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Telephone: (847) 866 3000

11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

"On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines."

	
District Grants Sub-Committee Chair Signature	District 5340

12. REPORTS

Although *both* partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the reports to TRF.

"By signing below, our club/district accepts primary reporting responsibility."

Signature	Rotary Club of Coronado	District 5340

13. COMPLETION CHECKLIST

Before submitting your Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact TRF staff (see below).

- X Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- X Does the project meet all grant policies and guidelines (see *The Guide to Humanitarian Grants* (144-EN) or the RI Web site at www.rotary.org)? Does the project description clearly state how the project will assist those in need?
- X Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application?
- X Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- X Are there written commitments (or signatures on section 10 of the application) from each primary project partner? If SHARE District Designated Funds (DDF) are used, the current district Rotary Foundation committee chair must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a co-operating organization involved? If so, are there letters from 1) the organization, specifically stating its responsibilities, how it will work with Rotarians, and its agreement to co-operate with any financial review of the project; and 2) the primary host partner, indicating that it has knowledge of the organization and endorses the co-operative effort?
- Does the project involve a revolving loan? If so, is appropriate documentation included?
- If your grant request is for US\$ 25 001 or more, is a community needs assessment attached.
- X Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)?

X Have you made copies of all documents for your files prior to submitting them to TRF?

Note: You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by The Rotary Foundation Trustees.**

Send the completed application and all attachments to:

E-mail: grants@rotarvintl.org

OR

Fax: (847) 866-9759

OR

Matching Grants

The Rotary Foundation

One Rotary Centre

1560 Sherman Avenue

Evanston, IL 60201-3698 USA

Telephone: (847) 866 3000

11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

“On behalf of the committee, I hereby certify that to the best of my knowledge and ability this grant application is complete and meets all TRF guidelines.”

District Grants Sub-Committee Chair Signature	District 5340

12. REPORTS

Although *both* partners are responsible for completing progress and final reports, the Trustees require that one partner take primary responsibility for submitting the reports to TRF.

“By signing below, our club/district accepts primary reporting responsibility.”

Signature	Rotary Club of Coronado	District 5340

13. COMPLETION CHECKLIST

Before submitting your Matching Grants Application, please take a moment to review this checklist. If you have any questions or concerns, please contact TRF staff (see below).

- X Are there written sponsorship confirmations from the club president(s)/district leadership who will be in office during the year of the funding request?
- X Does the project meet all grant policies and guidelines (see *The Guide to Humanitarian Grants* (144-EN) or the RI Web site at www.rotary.org)? Does the project description clearly state how the project will assist those in need?
- X Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application?
- X Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- X Are there written commitments (or signatures on section 10 of the application) from each primary project partner? If SHARE District Designated Funds (DDF) are used, the current district Rotary Foundation committee chair must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a co-operating organization involved? If so, are there letters from 1) the organization, specifically stating its responsibilities, how it will work with Rotarians, and its agreement to co-operate with any financial review of the project; and 2) the primary host partner, indicating that it has knowledge of the organization and endorses the co-operative effort?
- Does the project involve a revolving loan? If so, is appropriate documentation included?
- If your grant request is for US\$ 25 001 or more, is a community needs assessment attached.
- X Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)?

X Have you made copies of all documents for your files prior to submitting them to TRF?

Note: You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by The Rotary Foundation Trustees.**

Send the completed application and all attachments to:

E-mail: grants@rotaryintl.org

OR

Fax: (847) 866-9759

OR

**Matching Grants
The Rotary Foundation
One Rotary Centre
1560 Sherman Avenue
Evanston, IL 60201-3698 USA
Telephone: (847) 866 3000**