

Send DSG Projects to:
Sandy Frum
3211 Glenbrook Drive
Northbrook, IL 60062
sandy@frum.com
1-847-272-2816

5. COORDINATING THE PROJECT:

Name the Club which assumes total responsibility for the project (the Project Sponsor). If additional Clubs are participating, please copy this page and complete the information for each co-sponsoring Club.

Club: _____ Club Rotary ID Number: _____ President: _____
(Please Print) (Please Print)

Project Committee: A committee of at least three Rotarians must be established in the sponsoring Club. It is the committee's responsibility to coordinate the project locally, monitor funds, and provide financial accounting to the DSG Selection Committee in accordance with the Terms and Conditions of this agreement for the duration of the project.

Primary Contact:

Name: _____

Rotary Position/Title: _____

Email: _____

Mailing Address: _____

Telephone: B: _____ H: _____ Cell: _____ Fax: _____

Additional Contact:

Name: _____

Rotary Position/Title: _____

Email: _____

Mailing Address: _____

Telephone: B: _____ H: _____ Cell: _____ Fax: _____

Additional Contact:

Name: _____

Rotary Position/Title: _____

Email: _____

Mailing Address: _____

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6. AGREEMENT FORM

This Application and Agreement are entered into between the identified project sponsor below and District 6440's TRF DSG Selection Committee. In applying for, and accepting, Project Funding, the project sponsor agrees:

1. To utilize the Project Funds to support a short-term humanitarian and/or educational project as outlined in this application, which benefits a community in need. Funds provided by the District will not be used for any purposes other than those considered eligible by the District as described in the Terms and Conditions.
2. That it has received and read the District 6440 District Simplified Grant Policies and Guidelines and will abide by all stipulations set forth therein.
3. To defend, indemnify, and hold harmless Rotary International (RI), TRF, District 6440, their respective Directors, Trustees, Officers, employees, and committee members (Collectively RI/TRF/District) from any and all damages, losses, judgments, costs, fines, awards, liabilities, and or expenses, including without limitation, reasonable attorney's fees and costs of litigation, asserted or recovered from RI/TRF/District, that result or arise directly or indirectly from the implementation of this project.
4. That his agreement may be cancelled for any reason without notice upon the failure of the sponsors to abide by the terms set forth herein. The sponsors agree to return any grant funds, in their entirety including any interest earned, should funds be misused or used for ineligible purposes.

This Agreement is governed by all applicable laws of the State of Illinois, USA.

Primary Sponsoring Club

Partnering Club

Club President Please Print name

Club President Please print name

Signature

Signature

Date

Date

7. **REPORT:** *Although all cosponsors are also ultimately responsible for completing progress and final reports, the District TRF DSG Select Committee requires that one Club take primary responsibility for submitting the required reports to the District TRF DSG Selection Committee. The President of the Club accepting the responsibility of submitting the interim and final reports must sign this application.*

Club: _____

Club President's Name: (Please print or type.) _____

Club President's Signature: _____

Date: _____

NOTE: PLEASE MAKE SURE TO INCLUDE APPENDIX I (DISTRICT 6440 DISTRICT SIMPLIFIED GRANT (DSG) AGREEMENT) AND II (PAYEE INFORMATION) WITH THIS APPLICATION.

RETAIN A COPY OF THIS APPLICATION FOR YOUR FILES, AND SEND A COPY TO THE DISTRICT 6440 TRF DSG GRANTS SELECTION COMMITTEE CHAIRMAN (ADDRESS ON FIRST PAGE) UNLESS THE APPLICATION IS SUBMITTED ELECTRONICALLY.

(-----DO NOT WRITE BELOW THIS LINE-----)

District 6440 TRF DSG Selection Committee accepts the request. Project Number _____

Reviewed by _____ Date: _____

Approved by _____ Date: _____

Check Number _____ for \$ _____ issued _____

SIGN AND RETURN WITH APPLICATION

APPENDIX I: DISTRICT 6440 DISTRICT SIMPLIFIED GRANT (DSG) AGREEMENT

DSG Project Number: 1213-6440-_____ (To be filled in by DSG Coordinator)

This DSG Award Agreement (“Agreement”) is entered into by and between the Rotary Club of _____ and the Rotary Foundation (“TRF”). The DSG Selection Committee (“Committee”) agrees to pay to the Rotary Club of _____ a DSG Award in the amount of US \$1000 or \$500 (circle one). In consideration of receiving this DSG Award from the Committee, the Rotary Club of _____ agrees that:

- 1) The Rotary Club of _____ has received and read a copy of the Terms and Conditions of District 6440 Simplified Grants and will abide by all the stipulations set forth therein.
- 2) The Rotary Club of _____ will co-ordinate the project locally.
- 3) No DSG funds will be used to pay for construction, salaries or the operating expenses of another organization.
- 4) All vehicles and equipment purchased with DSG funds will carry visible Rotary identification to acknowledge that they are a gift from TRF. Projects receiving a DSG Award for the purchase of equipment will establish an inventory system for such equipment.
- 5) The Rotary Club of _____ will provide the DSG Selection Committee Chair with a final written report, including an itemized accounting of the disbursements of funds on the project within two months of its completion and will keep the DSG Selection Committee Chair informed of the project’s progress by submitting interim reports every six (6) months during the implementation of the project. At this time, the project is scheduled to commence on _____ (date) and conclude on _____.
- 6) The Rotary Club of _____ will immediately inform the DSG Selection Committee Chair of any significant problems with the project or deviations from the project as it was approved, including any deviations to the budget as approved.
- 7) All DSG funds provided by the Committee for this project shall not be used for any purposes other than those approved by the Committee. The Committee shall be entitled to receive reimbursement for any and all funds deposited with, held by, or otherwise contributed to the Rotary Club of _____ that are spent for unapproved purposes. In addition, the Committee reserves the right to review the project at any time and to suspend payments if, in its sole discretion, progress is not considered to be satisfactory.
- 8) The entire responsibility of the Committee is expressly limited to payment of US \$1000 or \$500 (circle one) and neither Rotary International, TRF nor Rotary District 6440 assumes any further responsibility in connection with this project.
- 9) The Rotary Club of _____ shall defend, indemnify, and hold harmless Rotary International, TRF and Rotary District 6440, their respective directors, trustees, officers and employees from any and all damages, losses, reasonable attorney’s fees and costs of litigation asserted or recovered from Rotary International, TRF and Rotary District 6440 and liability for

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SIGN AND RETURN WITH APPLLICATION

APPENDIX II: PAYEE INFORMATION

DSG Project Number 1213-6440-_____ (To be filled in by DSG Coordinator)

Please complete this form providing the District 6440 Simplified Grant Selection Committee with the appropriate payee information for the grant. According to Committee policy, Clubs are encouraged to set up a special project account to receive funds from this grant. Funds must be paid to an account under direct Rotarian control. Funds will not be paid to an individual, but may be paid to a Club.

Please coordinate any co-sponsors so that **a single payee is given**. Upon receipt of all signed forms and acceptable payee information, the Committee with effect payment of the grant.

PROPOSED PROJECT PAYEE:

Payment will be made by check. Please provide the following information:

Account Name: _____

*****Account must be under direct Rotarian control. If the account name listed above is not clearly a Rotary controlled account, please explain how this account is under direct Rotarian control.***

Address to send check to:

Amount requested: _____

(-----DO NOT WRITE BELOW THIS LINE-----)

Request sent to Treasurer on: _____

Check Number _____ for \$ _____ issued on _____

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DSG REPORT FORM

DSG Project Number: 1213-6440-_____ **Individual Project Report #** _____
 To be completed by Rotarians. Return this form to your District.

Rotary Club: _____

Project Title: _____

Progress Report Final Report

Project Description:

1. Briefly describe the project. What was done, when and where did project activities take place, and who were the beneficiaries?

2. How many Rotarians participated in the project? _____
3. What did they do? Please give at least two examples.

4. How many non-Rotarians benefited from this project? _____
5. What are the expected long-term community impacts of the project?

6. If a cooperating organization was involved, what was its role?

Financial Report (District must retain receipts of all expenditures)

7. Income:	Amount
1. District Simplified Grant funds received from the District	
2. Other funding (specify)	
3.	
Total Project Income	

8. Expenditures (please be specific and add lines as needed)	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
Total Project Expenditures	

9. By signing this report, I confirm that to the best of my knowledge these District Simplified Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures have been provided to the district.

Certifying Signature: _____ Date: _____
 Print name, Rotary title, and Club: _____