



DISTRICT 7930
MANAGED GRANT / TRAVEL GRANT – FINAL REPORT

Name: _____

Daytime Phone: _____ E-mail: _____

Club Name: _____ Club #: _____

Check one: This is a District Managed Grant: ___
This is a Travel Grant: ___

Brief (2 or 3 lines) description of scope and location of the grant project:

Which Area(s) of Focus were addressed with grant funds?

Briefly describe (1-2 lines) how many beneficiaries were positively affected by this grant?

Briefly describe (1-2 lines) how will the good work of this project be sustained?

Total Approved Dist. Funds for Grant: \$_____ Total Expenditures \$_____

(All receipts and copies of all checks spent for materials approved for the grant must be legible and attached to this report. Approved funds and Expended Funds amounts must agree. Any unused grant funds must be returned to the District with this final report. Reimbursement of the approved grant funds will be distributed once final report has been approved by the District Managed Grants Committee, the District Managed Grants Chair, the District Foundation Chair and the District Governor.) NOTE: Keep copies of all receipts, as DMG's are subject to audit by District 7930 and the Rotary Foundation for five years.

I acknowledge that the information provided in this report is accurate.

Signature _____

Date _____

Return completed form & receipts by June 1, 2017 to: lwessel@bankofgloucester.com AND lizgcullen@yahoo.com Retain original for a minimum of 5 years.

