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| **TRF_RGB.png** | **Application for Pre-Payment of District Grant** |
| **District 9810** |

***This Form is designed for completion using Microsoft Word.***

***Please Click into the text boxes which will expand, if necessary, as entries are made.***

***Please complete all sections. Handwritten or illegible entries will not be accepted.***

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| **Application by Rotary Club of:**  |
|  **for the Pre-Payment of:** |
| **District Grant No:**  | **DG** | **Part of DG2118505** |
| **Project Title:**  |  |
| **Grant Awarded:**  | **$** |

1. **CURRENT PROJECT STATUS**
2. **The Reason for this Request for Pre-payment of your District Grant is:**

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| The project is incomplete as at the current Rotary year end. 100% of Grant to be paid.The project plan requires the grant funds before completion. Maximum of 50% may be claimed. *(Include the reason for this with your answer to b), below.* |

1. **Describe the current status of your project. What has been done?**

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1. **What is still to be done?**

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1. **What is the Total Expenditure to Date, on your Project?**

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| --- |
| **$** |

1. **How much of your grant money do you wish to be pre-paid?**

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| --- |
| **$** |

1. **What is your Estimated Date for the Project’s Final Report?**

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1. **AUTHORISATION**

We acknowledge the following conditions for this District Grant payment:

1. The approved Grant amount will be directly deposited into the account detailed below,
2. Following prepayment of your Grant, if the actual expenses for this project, when complete, are less than twice the Grant value, we will return an amount equal to the grant paid less half the actual expense, which we understand is to be returned to The Rotary Foundation.
3. Our Project Report must be accepted by the Grants Committee which will then confirm any amount to be returned.
4. The Foundation Committee may not approve any further District Grants for our club until all other District Grant projects have been completed, reported and closed.

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| **Club President** |
| **Name:**  |

**Signature**.........................................................

**Date**.........................

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| **TO SUBMIT THIS REPORT:** | **TO ENSURE CORRECT PAYMENT OF GRANT MONEY** |
| **Send this Form to the District Grants Committee Chair** | **Please enter your Club Banking Details:** |
| Account Name: |  |
| BSB Number: |  |
| Account Number: |  |