

Rotary District 7020 Hurricane Relief & Recovery Fund Project Request and Acceptance Form



Date of Request:			
Club Name:			
Project Coordinate	or/Contact Pe	rson:	
Address:			
Town, City, Zip:			
Phone Numbers:	Home:		Work:
	Cell:		Fax:
E-mail Address:			
Recipient 501(c)(3	Tax Identification		
Number:(For USVI cl	ubs' foundations'	purposes if needed)	
Project Title:			
Project Scope:			
Use a separate shee		nal details if needed.	
Total Project Budg		USD	
Requested Amoun	USD		
Other sources of fu	unding:	Your Rotary Club	USD
		Other Partner Clubs	USD
		Fundraising/Cash	USD
		Other	USD
Is a Rotary Founda	TES NO		
Rotary Foundation https://www.rotary.org/er		us (if any):	
Details Project Sus	stainability:		

How will you measure your project's success:

Who is (are) your International Partner(s) Clubs/Districts:							
Who is (are) your non-Rotary Partner(s)?							
Do you need help in finding a Project Partner? YES NO							
Date Funds needed:							
Club Contact for Project – printed name:							
Club President or designee:							
Printed Name Signature							
Hurricane Recovery Coordinator:							

PDG Felix Stubbs Via email: felixstubbs7020@gmail.com Please copy application to: rotary7020relief@gmail.com Please also copy to your Assistant Governor							
For Further information contact your either Recovery Coordinator, Assistant Governor or Project Team:							
PDG Felix Stubbs Mike Terrelonge felixstubbs7020@gmail.com michael@terrelonge.org							
Below to be completed by the Hurricane Recovery Committee							
Project number:							
Amount approved: USD							
Date: Modifications to / Conditions of the grant:							
Description of approved distribution method:							
Stewardship Report due dates:							
Preliminary Report: Progress Report: Final Report:							

Authorising Party:				
· —	Printed Name	Signature	Title	