

**District 1080 Ukraine Grant Application**

Please type all information on the screen and when complete save the file with your Club name in

the file name and email it as an attachment to the Grants Team on grants@rotaryeastanglia.co.uk

Areas in **RED** must be completed.

|  |  |
| --- | --- |
| **Rotary Club** | **Click or tap here to enter text.** |
| **Club Charity Account Name** | **Click or tap here to enter text.** |
| **Bank Name & Branch** | **Click or tap here to enter text.** |
| **Acct No.** | **Click or tap here to enter text.** | **Sort Code** | **Click or tap here to enter text.** |

|  |  |
| --- | --- |
| **Contact Name** | **Click or tap here to enter text.** |
| **Contact Tel. Number** | **Click or tap here to enter text.** |
| **Contact Email Address** | **Click or tap here to enter text.** |

**Assistance Required** This should include specifics about the receiving families’ needs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Family Name** | **Family Makeup – No. of children etc** | **Town address** | **Requirement** | **£Amount** |
| **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** | **Click or tap here to enter text.** |
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| **Total** |  |  |  | **Click or tap here to enter text.** |

**Who are the participating Rotarians and how are they involved in the**

**Project?** Max 500 characters

|  |
| --- |
| **Click or tap here to enter text.** |

|  |  |  |
| --- | --- | --- |
| **Will a cooperating organisation be involved?** | **Yes** [ ]  | **No**[ ]  |

If ‘Yes’ what is its name and role in the project?

|  |
| --- |
| **Click or tap here to enter text.** |

**By submitting this application, we confirm that to the best of our knowledge these District Grant**

**funds will only be spent on eligible items in accordance with Trustee-approved guidelines, that**

**any unused funds will be returned and that all of the information contained herein is true and**

**accurate. Receipts for all grant-funded expenditures are required and to be made available to**

**the District if requested.**

|  |  |
| --- | --- |
| **Club Presidents Name** | **Click or tap here to enter text.** |
| **Date** | **Click or tap here to enter text.** |

**This form is not designed to be printed and scanned. Please save the completed**

**form with your Club name in the file name and send it as an attachment to:**

**grants@rotaryeastanglia.co.uk**

**Please also copy it to your Club President.**

**If you require any assistance please contact the team at:**

**grants@rotaryeastanglia.co.uk**