



# Rotary District 7670 Hurricane Helene Relief

**Complete/Return this form to District 7670 Disaster Grants Chair: [Paigecs123@gmail.com](mailto:Paigecs123@gmail.com)**

All grants are typically paid directly to the requesting Rotary Club to distribute to beneficiaries.

District Number/Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project Coordinator/Contact Person in Club: \_\_\_\_\_

Club Mailing Address (Where check is to be received): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Signature of Club President: \_\_\_\_\_

Rotary Club to Receive Funds: \_\_\_\_\_ FEIN: \_\_\_\_\_

Project Partner(s) matching funds: \_\_\_\_\_ Matching Funds Amt: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Scope: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Project Cost: \_\_\_\_\_

Number of Individuals Served: \_\_\_\_\_ Amount of request: \_\_\_\_\_

Date needed: \_\_\_\_\_ Disbursement description: \_\_\_\_\_

OFFICE USE ONLY

Approved by District Governor: \_\_\_\_\_  
print

DG Signature: \_\_\_\_\_

Amount Approved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Report Due Date: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_