

ROTARY ZONES 33/34 DISASTER RECOVERY GRANT APPLICATION



Complete/Return this form to Rotary Zones 33/34 Disaster Chair Kathryn "Cookie" Billings  
kbillings@triad.rr.com

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District Number: \_\_\_\_\_ Date: \_\_\_\_\_  
District Governor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Nos: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Signature of District Governor: \_\_\_\_\_

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Rotary District to Receive Funds and complete Stewardship form: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Project Scope: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (add additional pages as required for each individual project)

Project Partner(s): \_\_\_\_\_  
\_\_\_\_\_

IF Applicable, Attach Before Pictures to Application

Attach Proposed Budget of Project to Application

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

Total Matching Funds: \_\_\_\_\_ Source of Matching Funds: \_\_\_\_\_

Number Individuals Served: \_\_\_\_\_ Amount of request from Zone 33/34 Recovery Fund: \_\_\_\_\_

Date needed: \_\_\_\_\_

Disbursement to District: \_\_\_\_\_ to be submitted to the Rotary District for  
Deposit for Specific Recovery Project(s) described on application. District Governor responsible for completing  
Stewardship Report as defined in Policy and provided with Recovery Application.

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OFFICE USE ONLY

Approved by RI Director: \_\_\_\_\_  
print

RI Director Signature: \_\_\_\_\_

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

Stewardship Report Due Date: \_\_\_\_\_ **Grant Number Assigned:** \_\_\_\_\_

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