



# The Rotary Foundation (TRF) Matching Grants Application

2.

*For grant requests of US\$2001 to US \$150,000*

Rotarians may use this form and attach additional pages as needed or may answer the questions below on blank paper on the condition that the answers follow the same order as the application. *Incomplete applications will be returned to the primary host partner with a brief explanation. See The Guide To Matching Grants For International Humanitarian Projects (144-EN) for instructions, and eligibility and program requirements.*

**Note:** Applications for **low-cost shelter** and **revolving loan projects** of and **grant requests of US \$25,001** or more have additional requirements. See The Guide to Humanitarian Grants (144-EN), [www.rotary.org](http://www.rotary.org), or contact TRF staff for more information.

## 1. PROJECT DESCRIPTION

### FISTULA PREVENTION

The project educates girls and families in \_\_\_\_\_ on the dangers of early marriage pregnancy and the importance of using contraception, including the use of condoms to prevent AIDS. It trains midwives and birth attendants on the causes of Fistula, with the help of a UNFPA field representative. It identifies pregnant females that might be at risk for this condition. The midwives check on these women regularly in the third trimester. The women are transported to a health clinic if their labor lasts over 24 hours.

Obstetric Fistula occurs when a woman has a prolonged obstructed labor. The woman tries to deliver the baby herself without skilled medical care. The woman labors for several days and the baby dies. The woman is left with holes in her colon and bladder and leaks fluid that leads to incontinence and infection. Her husband, family and village then abandon her. In Nigeria alone, there are thought to be as many as 1 million women living with this condition, many of them under the age of 20 and some as young as 13. It is vital that more midwives are trained to help assist in the birth process and to teach reproductive health to girls in their early teens, since one of the principle causes of Fistula is young women with narrow hips being unable to deliver normally.

**How will the project meet the needs of the community?** By emphasizing prevention, the health and survivability of both the mother and the infant would be improved. The girls in the area are educated on their reproductive health and the families are encouraged to keep their daughters in school and to discourage early marriages. The social rejection and human suffering related to Obstetric Fistula are avoided.

**How will the host and international partners communicate and work together to implement this project? Please provide specific examples of activities.** The partners will communicate via e-mail on the progress of the project. The host partner will provide photos via the Internet to the international partner. *(Optional) The members of the international host club may visit the project site and can help advise the recipients along with the members of the host club. Doctors in the international club may visit the project site.*

## 2. COOPERATING ORGANIZATIONS

If this project involves a cooperating organization:

1. Provide the name of the organization below.
2. Attach a letter of *participation* from that organization that specifically states its responsibilities and how Rotarians will interact with the organization in this project
3. Attach a letter of endorsement of the organization from the Rotarians in the project country.

Name of organization \_\_\_\_\_

Letter of participation from organization attached       Letter from project country Rotarians attached.

## 3. RELATIONSHIP TO OTHER RI OR ROTARY FOUNDATION PROJECTS (OPTIONAL)

Is this project related to or has it resulted from other Rotary International or Rotary Foundation projects? If so, please identify those projects.

Program	Individual's Name and/or Project Number	Program	Individual's Name and/or Project Number
WCS Projects Exchange		GSE Team	
Discovery Grant		Ambassadorial Scholar	
3-H Grant		3-H Planning Grant	
Matching Grant		Other:	

Could this project benefit from an international volunteer?  Yes  No

#### 4. COORDINATING COSPONSOR IN THE PROJECT COUNTRY

List the club or district *in the project country* which assumes joint responsibility for the project.

CLUB	CLUB ID NUMBER (IF KNOWN)	DISTRICT	COUNTRY
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**Project Committee:** A committee of at least two Rotarians must be established in the project country even if it

##### Primary Contact

Name \_\_\_\_\_  
MEMBER ID NUMBER (IF KNOWN) \_\_\_\_\_

Rotary position/title \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_

CITY / STATE / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

Telephone \_\_\_\_\_  
HOME \_\_\_\_\_

OFFICE \_\_\_\_\_

Fax \_\_\_\_\_

##### Additional Contact

Name \_\_\_\_\_  
MEMBER ID NUMBER (IF KNOWN) \_\_\_\_\_

Rotary position/title \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_

CITY / STATE / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

Telephone \_\_\_\_\_  
HOME \_\_\_\_\_

OFFICE \_\_\_\_\_

Fax \_\_\_\_\_

#### 5. PRIMARY INTERNATIONAL SPONSOR OUTSIDE THE PROJECT COUNTRY

List the club and/or district *outside the project country* which will assume joint responsibility for the project.

CLUB	CLUB ID NUMBER (IF KNOWN)	DISTRICT	COUNTRY
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**Project Committee:** A committee of at least two Rotarians must be established by the primary international sponsor to over-see the project for the project's duration, even if it continues into another Rotary year.

##### Primary Contact (must be member of above club/District)

Name \_\_\_\_\_  
MEMBER ID NUMBER (IF KNOWN) \_\_\_\_\_

Rotary position/title \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_

CITY / STATE / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

Telephone \_\_\_\_\_  
HOME \_\_\_\_\_

OFFICE \_\_\_\_\_

Fax \_\_\_\_\_

##### Additional Contact

Name \_\_\_\_\_  
MEMBER ID NUMBER (IF KNOWN) \_\_\_\_\_

Rotary position/title \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_

CITY / STATE / POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

Telephone \_\_\_\_\_  
HOME \_\_\_\_\_

OFFICE \_\_\_\_\_

Fax \_\_\_\_\_

## 6. PROJECT BUDGET

Include a complete itemized budget for the entire project and indicate which currency is used. Please use answer the questions provided about purchase of equipment, materials, or supplies. Use separate pages if necessary. **Pro forma invoices, supplier price quotes, and/or other cost documentation may be required upon request. SEE ATTACHED BUDGET**

Item to be purchased	Name of Supplier	Cost

**TOTAL** (identify currency)   \$4,000    
**Exchange rate used** \_\_\_\_\_

## 7. PURCHASE OF EQUIPMENT

- Who will own equipment, and maintain, operate, and secure items purchased with grant funds? (cannot be owned by a Rotary club or Rotarian)
- Is software necessary to operate any of the budgeted items? If so, has software been provided.
- Will training in use and maintenance of technical equipment be provided?
- If budget items will be shipped, have arrangements been made for customs clearance?

## 8. PROPOSED FINANCING

Please list all financing and indicate cash or *SHARE* District Designated Fund (DDF) amounts. Only district governors can authorize the use of DDF (see item 10).

Rotary Club/District	Amount Contributing (identify Currency)	Cash or DDF		DRFC Chair Authorization
<u>Host</u>	<u>667</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>International</u>	<u>2,000</u>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>SUBTOTAL:</b>	<u>2,667</u>			
<b>Amount requested from The Rotary Foundation</b>	<u>1,333</u>			
<b>Additional funding from other sources</b>	_____			
<b>TOTAL:</b>	<u>\$4,000</u>			<i>(must be equal to budget cost)</i>

## 9. COMMUNITY NEEDS ASSESSMENT (FOR GRANTS OF US\$25,000 TO US\$150,000)

If your grant request is for US\$25,001 or more, a community needs assessment must be included. This assessment should demonstrate how the proposed project

- Is viable and can be maintained by benefiting the community after grant funding has been fully expanded.
- Involves the benefiting community, including its ownership of the project.

Please refer to The Guide to Humanitarian Grants (144-EN) for additional information)

- Community needs assessment attached.

## 10. PARTNERSHIP AUTHORIZATION

All Rotary clubs or districts involved in this project are responsible to The Rotary Foundation (TRF) for the conduct of the project and for reporting on it. The partners' confirm that they understand and accept responsibility for the project. Partners may either sign this page or submit a separate letter of commitment.

**By signing below, we are agreeing to the following:**

- All information contained in this application is true and accurate, to the best of our knowledge.
- This application meets all Matching Grant criteria as stated in *A Guide to Matching Grants (144-EN)*.
- The club/district has agreed to undertake this project as an activity of the club/district.
- We will ensure all cash contributions (as detailed in item 8) will be forwarded to TRF **after** Trustee approval of a Matching Grant.
- We understand that if our club/district or our partner club/district has overdue progress reports for any previously awarded Matching Grants, this application will be returned to the host partner.

### Host Partner

- Club president (if club sponsored)  
 District Grants Subcommittee Chair  
(if district sponsored)

### International Partner

- Club president (if club sponsored)  
 District Grants Subcommittee Chair  
(if district sponsored)

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
CLUB \_\_\_\_\_ DISTRICT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME \_\_\_\_\_  
TITLE \_\_\_\_\_  
CLUB \_\_\_\_\_ DISTRICT \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## 11. DISTRICT GRANTS SUBCOMMITTEE CHAIR CERTIFICATION

The Trustees strongly suggest that the district grants subcommittee chair from either the host or international district certify the application as complete. *If the application is not complete or eligible, it will be returned to the host partner with a brief explanation.*

“On behalf of the committee, I hereby certify that that to the best of my knowledge and ability, this grant application is complete and meets all TRF guidelines.”

\_\_\_\_\_  
DISTRICT GRANTS SUBCOMMITTEE CHAIR SIGNATURE

\_\_\_\_\_  
DISTRICT

## 12. REPORTS

Although both cosponsors are ultimately responsible for completing progress and final reports, one partner should take primary responsibility for submitting reports to TRF.

“By signing below, our club/district accepts primary reporting responsibility.”

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CLUB

\_\_\_\_\_  
DISTRICT

### 13. COMPLETION CHECKLIST

Before submitting your Matching Grant (MG) application, please take a minute to review this checklist and make sure that it is complete. If you have any questions or concerns, please contact The Rotary Foundation staff (see information at the end of the application).

- Are there written funding confirmations from the club president(s)/district governor(s) who will be in office during the year of the funding request?
- Does the project meet **all** MG criteria (see *The Guide to Matching Grants for International Humanitarian Projects* [144-EN] or the RI Web site at [www.rotary.org](http://www.rotary.org))? Does the project description clearly state how the project will assist those in need?
- Have both the host and the international partner created committees to oversee the project? Are these individuals correctly listed on the application.
- Have the responsibilities of the project country partner and international partner been outlined? Do they meet the requirements of a Matching Grant project?
- Are there written commitments (or signatures on section 10 of the application) from each project sponsor? If *SHARE* District Designated Funds (DDF) are used, the current district governor of the funds must provide a written confirmation authorizing use of DDF (or signature on section 8 of the application).
- Is a cooperating organization involved? If so, are there letters from 1) the organization, which specifically states how the organization will work together and how Rotarians will be involved and interact; 2) from the Rotary club/district in the project country indicating that it has knowledge of the organization and endorses the cooperative effort?
- Is your project to build low-cost shelters? If yes, is a Low Cost Shelter Agreement attached together with the other required documents?
- Does the project involve a revolving loan? If so, is a loan agreement included?
- Has the district grants subcommittee chair certified your application as complete (see section 11 of the application)
- Have you made copies of all documents for your files prior to submitting them to The Rotary Foundation?

**NOTE:** You will receive a file number when the application is received at RI Headquarters. This does not indicate that the grant has been approved. You will receive an announcement packet if the Trustees approve your completed application. **The project cannot be started until the Matching Grant application has been approved by the Rotary Foundation Trustees.**

**Send the completed application and all attachments to:**  
**Matching Grants, The Rotary Foundation**  
**One Rotary Center, 1560 Sherman Avenue**  
**Evanston, IL 60201-3698 USA**  
**telephone: (847) 866-3000**  
**fax: (847) 328-8554**  
**e-mail: [grantsm@rotaryintl.org](mailto:grantsm@rotaryintl.org)**

