

**global grant application tEMPLATE**

All fields are required unless noted as "optional".

Step 1: Basic Information

Enter some basic information, and then we'll give your application a number.

**What's the name of your project?**

|  |
| --- |
| ………………………………… |

**What type of project are you planning?**

Check all that apply. This will tell us what else we need to ask you.

 ❓

 All global grants support activities within Rotary's areas of focus.

 A humanitarian project

Address community needs and produce sustainable, measurable outcomes

 **Vocational training**

Build skills within a community by supporting a team of professionals that will travel abroad to train or learn from colleagues in the community they visit

 A scholarship

Fund international graduate-level study by someone seeking a career within an area of focus

**Select the primary host and international contacts for this project.**

 ❓

 The primary host contact lives in the country where the project, training, or study will take place.

 The primary international contact lives in another country. Both contacts will be responsible for all grant- related correspondence and reporting to The Rotary Foundation.

 After selecting the second primary contact, click "Notify Primary Contact" to inform them that they have been added to the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Club | District Sponsor | Role |
| **+** Add primary contact |  | Host |
|  |  | International |

За да попълните информацията за двата контакта, трябва да натиснете бутона „Add primary contact“ и да изберете съответните опции от падащите менюта. Данните на клуба домакин ще се визуализират автоматично на лицето, което е влязло чрез своя потребител в Grant Center.

След като попълните този раздел и дадете „Save & Continue“, системата автоматично ще ви даде номер на гранта. Веднъж присвоен номер на вашия проект, можете да попълвате останалите раздели и по-късно във времето.

Step 2: Committee Members

**Who will serve on the grant's Host committee?**

 ❓

 The committee will include at least three members from the host sponsor.

 After selecting committee members, click "Notify Committee Members" to inform them that they have been added to the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Club | District | Role |
| **+** Add Committee members | Данните излизат автоматично | Secondary contact |
| ………………………….. | ………………… | ……. | Secondary contact |
| ………………………….. | ………………… | ……. | Secondary contact |
| ………………………….. | ………………… | ……. | Secondary contact |

**Who will serve on the grant's International committee?**

 ❓

 The committee will include at least three members from the international sponsor.

 After selecting committee members, click "Notify Committee Members" to inform them that they have been added to the project.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Club | District | Role |
| **+** Add Committee members | Данните излизат автоматично | Secondary contact Int. |
| ………………………….. | ………………… | ……. | Secondary contact Int. |
| ………………………….. | ………………… | ……. | Secondary contact Int. |
| ………………………….. | ………………… | ……. | Secondary contact Int. |

**Do any of these committee members have potential conflicts of interest?**

 ❓

 A conflict of interest is a relationship through which an individual involved in a program grant or award causes benefit for such individual or such individual's family, acquaintances, business interests, or an organization in which such individual is a trustee, director, or officer.

**No** Yes

Step 3: Project Overview

**Tell us a little about your project. What are the main objectives of the project, and who will benefit from it?**

 ❓

 We're only asking for a general idea of the project. Try to be as concise as possible here.

 We'll ask you for details later in the application.

|  |
| --- |
| ………………………………… |

Step 4: Areas of focus

**Which area of focus will this project support?**

Select at least one area. Note that we'll ask you to set goals and answer questions for each area of focus you select.

 ❓

 Choose at least one area of focus that you want to support in the benefiting community.

 Focusing on these causes helps us coordinate our efforts and maximize Rotary's global impact.

 Peacebuilding and conflict prevention

 Disease prevention and treatment

 Water, sanitation, and hygiene

 Maternal and child health

 Basic education and literacy

 Community economic development

Step 5: Measuring Success

### В зависимост от това кои зони на фокус сте маркирали, ще се визуализират целите и индикаторите за успех само за тези зони. По-надолу са дадени целите и индикаторите за 6-те зони. Маркирайте само тези зони и цели, които са приложими за вашия проект и изтрийте тези индикатори, които НЕ са приложими за измерване на успеха на проекта, както и зоните, в които проектът не попада – за удобство.

**Which goals of this area of focus will your project support?**

Select all that apply. We'll ask you questions about the goals you choose, and at the end of the project, you'll report on your results for each goal.

 ❓

 Each area of focus has its own set of goals. Select only the goals that your project will address.

How will you measure your project's impact? Find tips and information on how to measure results in [the Global Grant Monitoring and Evaluation Plan Supplement](https://www.rotary.org/myrotary/en/document/global-grant-monitoring-and-evaluation-plan-supplement). You need to include at least one standardized measure from the drop-down menu as part of your application.

 ❓

 Use only measures that are clearly linked to your goals and will demonstrate the project's impact on participants' lives, knowledge, or health.

### PEACEBUILDING AND CONFLICT PREVENTION

Enhancing the capacity of individuals and communities to transform conflict and build peace

Training community members in peace education, peace leadership, and conflict prevention and resolution

Providing services that help integrate vulnerable populations into society

Improving dialogue and community relations to determine how best to manage natural resources

Funding graduate scholarships for career-minded professionals related to peacebuilding and conflict prevention

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of groups and organisations participating in peace-building efforts | ……………………… | ……………………… | ……………. |
| Number of individuals trained | ……………………… | ……………………… | ……………. |
| Number of conflicts mediated | ……………………… | ……………………… | ……………. |
| Number of communities reporting reduction in level of conflict | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

Yes No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

### DISEASE PREVENTION AND TREATMENT

Improving the capacity of local health care professionals

Promoting disease prevention and treatment programs that limit the spread of communicable diseases and reduce the incidence and effect of non-communicable diseases

Strengthening health care systems

Providing clinical treatment and rehabilitation for physical disabilities

Funding graduate scholarships for career-minded professionals related to disease prevention and treatment

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of medical and health professionals trained | ……………………… | ……………………… | ……………. |
| Number of individuals reporting better quality of health care services | ……………………… | ……………………… | ……………. |
| Number of recipients of disease prevention intervention | ……………………… | ……………………… | ……………. |
| Number of communities reporting decrease in case of disease(s) targeted | ……………………… | ……………………… | ……………. |
| Number of health facilities benefiting | ……………………… | ……………………… | ……………. |
| Number of communities reporting an increase in access to local health facilities | ……………………… | ……………………… | ……………. |
| Number of health focused events | ……………………… | ……………………… | ……………. |
| Number of health educational campaigns | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

 Yes  No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

### WATER, SANITATION, AND HYGIENE

Facilitating universal and equitable access to safe and affordable drinking water

Improving water quality by protecting and maintaining surface- and groundwater resources, reducing pollution and contaminants, and promoting wastewater reuse

Facilitating universal and equitable access to improved sanitation and waste management services in order to achieve open defecation-free communities

Improving community hygiene knowledge, behaviors, and practices that help prevent the spread of disease

Strengthening the capacity of governments, institutions, and communities to develop, finance, manage, and maintain sustainable water and sanitation services

Funding graduate scholarships for career-minded professionals related to water, sanitation, and hygiene

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of people with access to improved sources of drinking water | ……………………… | ……………………… | ……………. |
| Number of people with access to improved sanitation facilities | ……………………… | ……………………… | ……………. |
| Number of people with access to disinfected water through household water treatment | ……………………… | ……………………… | ……………. |
| Number of communities with a functioning governance committee in place | ……………………… | ……………………… | ……………. |
| Number of communities utilizing a tariff/usage fee structure | ……………………… | ……………………… | ……………. |
| Number of individuals trained | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

 Yes  No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

### MATERNAL AND CHILD HEALTH

Reducing the neonatal and new-born mortality rate

Reducing the mortality and morbidity rate of children under five

Reducing the maternal mortality and morbidity rate

Improving access to essential medical services, trained community health workers, and health care providers

Funding graduate scholarships for career-minded professionals related to maternal and child health

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of children under age 5 receiving medical treatment | ……………………… | ……………………… | ……………. |
| Number of mothers receiving prenatal care | ……………………… | ……………………… | ……………. |
| Number of maternal and child health professionals trained | ……………………… | ……………………… | ……………. |
| Number of communities that report decreased mortality rates of children under age 5 | ……………………… | ……………………… | ……………. |
| Number of communities that report decreased morbidity rates of children under age 5 | ……………………… | ……………………… | ……………. |
| Number of communities that report decreased mortality rates of mothers | ……………………… | ……………………… | ……………. |
| Number of communities that report decreased morbidity rates of mothers | ……………………… | ……………………… | ……………. |
| Number of benefiting health facilities | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

 Yes  No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

### BASIC EDUCATION AND LITERACY

Supporting programs that strengthen a community’s ability to provide basic education and literacy to all

Increasing adult literacy

Working to reduce gender disparity in education

Funding graduate scholarships for career-minded professionals related to basic education and literacy

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of benefiting school-age children | ……………………… | ……………………… | ……………. |
| Number of new school-age students | ……………………… | ……………………… | ……………. |
| Number of new female school-age students | ……………………… | ……………………… | ……………. |
| Number of teachers receiving training in adult education | ……………………… | ……………………… | ……………. |
| Number of adults receiving literacy training | ……………………… | ……………………… | ……………. |
| Number of institutions participating in program | ……………………… | ……………………… | ……………. |
| Number of adults using new literacy skills | ……………………… | ……………………… | ……………. |
| Number of new teaching positions created | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

 Yes  No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

### COMMUNITY ECONOMIC DEVELOPMENT

Building the capacity of local leaders, organizations, and networks to support economic development in poor communities

Developing opportunities for productive work and improving access to sustainable livelihoods

Empowering marginalized communities by providing access to economic opportunities and services

Building the capacity of entrepreneurs, social businesses, and locally supported business innovators

Addressing gender or class disparities that prevent populations from obtaining productive work and accessing markets and financial services

Increasing access to renewable energy and energy-efficiency measures to create more sustainable and economically resilient communities

Empowering communities to develop environmental and natural resource conservation skills for economic gain

Strengthening communities' economic resilience and adaptive capacity in response to environmental and climate-related hazards and natural disasters

Developing and supporting community-based basic emergency preparedness services to improve economic resilience

Funding graduate scholarships for career-minded professionals related to community economic development

| **Measure** | **Collection method** | **Frequency** | **Beneficiaries** |
| --- | --- | --- | --- |
| Add Measure |  |  |  |
| Number of entrepreneur supported | ……………………… | ……………………… | ……………. |
| Number of businesses supported | ……………………… | ……………………… | ……………. |
| Number of individuals trained | ……………………… | ……………………… | ……………. |
| Number of jobs created | ……………………… | ……………………… | ……………. |
| Number of youth employed in income-generating activities | ……………………… | ……………………… | ……………. |
| Other | ……………………… | ……………………… | ……………. |

List of “**Collection method**” to choose:

Direct observation Focus groups/Interviews Grant records and reports

Public records Surveys/Questionnaires Testing

**Do you know who will collect information for monitoring and evaluation?**

 Yes  No

**Name of Individual or Organization**

|  |
| --- |
| ………………………………… |

**Briefly explain why this person or organization is qualified for this task.**

|  |
| --- |
| ………………………………… |

Step 6: Location and Dates

VOCATIONAL TRAINING TEAM

#### Give us some information on your team or teams.

| **Team Name** | **Type** | **Training Location** | **Departure - Return** |
| --- | --- | --- | --- |
| **+** Add Team |  |  |  |

При натискане на бутона „Add Team“, ще се визуализира следната форма:

Add a vocational training team

Team name

|  |
| --- |
| ………………………………… |

Type

|  |
| --- |
| Receiving training / Providing training (изберете едно от двете) |

Training location 

Departure Return

 

Step 7: Participants

VOCATIONAL TRAINING TEAM

In this section team leaders and at least two other members must be added to each team created. The following documents need to be uploaded for each member: their CV, and VTT application. Team itineraries must also be included in this step. It is the team leader's responsibility to gather, review, and upload all member documents.

After choosing your VTT members, select the team leader by clicking on the circle next to their email. Click "Notify Team Leader" to inform them that they have been added to the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Team Name** | **Type** | **Training Location** | **Departure - Return** |
| Тук автоматично ще се визуализират данните от радел 6.Необходимо е в тази секция да прикачите автобиографиите и апликациите (VTT application) на всеки член на екипа посочен по-долу. |

|  |
| --- |
| MEMBERS |
| **Name** | **Email** | **Team Leader** |
| **+** Add Team Members |  |  |

Членовете на екипа могат да бъдат Ротарианци или други експерти.

COOPERATING ORGANIZATIONS *(OPTIONAL)*

 ❓

 A cooperating organization can be a nongovernmental organization, community group, or government entity.

 Please attach Rotary's [memorandum of understanding](https://www.rotary.org/myrotary/en/document/cooperating-organization-memorandum-understanding) that's signed by a representative of the organization (MOU).

|  |  |  |
| --- | --- | --- |
| **Name** | **Website** | **Location** |
| **+** Add Organization |  |  |

PARTNERS *(OPTIONAL)*

List any other partners that will participate in this project.

 ❓

 Partners may include other Rotary clubs, Rotaract clubs, Rotary Community Corps, or individuals.

|  |
| --- |
| ………………………………… |

ROTARIAN PARTICIPANTS

**Describe the role that host Rotarians will have in this project.**

|  |
| --- |
| ………………………………… |

**Describe the role that international Rotarians will have in this project.**

|  |
| --- |
| ………………………………… |

Step 8: Budget

**What local currency are you using in your project's budget?**

The currency you select should be what you use for a majority of the project's expenses.

Local Currency



U.S. dollar (USD) [exchange rate](https://www.rotary.org/myrotary/en/exchange-rates)

 Save

**What is the budget for this grant?**

List each item in your project's budget. Remember that the project's total budget must equal its total funding, which will be calculated in step 9. Every global grant includes a match of at least 15,000 USD from The Rotary Foundation's World Fund. Project budgets, including the World Fund match, must be at least 30,000 USD.

Select budget categories from the list. Use only whole dollars, no cents, when you enter each item's cost.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Category** | **Description** | **Supplier** | **Cost in** | **Cost in USD** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total budget:** |  |

Excel Export

***Category List for choose:***

Accommodations Equipment Monitoring/Evaluation Operations

Personnel Supplies Project management Publicity

Training Travel Tuition

**Supporting documents**

Upload any documents, such as price bids or pro forma invoices, to substantiate the listed expenses. After selecting the document you wish to upload, use the Save button to view the uploaded file on this page.

Upload

Тук трябва да прикачите всички придружаващи документи, включително анализа на нуждите на общността (Community Assessment Tool).

Step 9: Funding

Tell us about the funding you've secured for your project. We'll use the information you enter here to calculate your maximum possible funding match from the World Fund.

 ❓

 List all of your funding, including cash contributions and District Designated Funds (DDF).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Source** | **Details** | **Amount (USD)** | **Support\*** | **Total** |
|  | Add funding source |  |  |  |  |
|  |  |  |  |  |  |

***Source List for choose:***

District Designated Funds (DDF) Non-Rotarian contribution to be matched by TRF

Cash from District Cash from Club

The Rotary Foundation Donor Advised Fund

Използвайте Грант Калкулатора (Global Grant Calculator.xls), за да пресметнете точно стойностите за финансирането на проекта и след това ги пренесете в апликационната форма.

\*Whenever cash is contributed to the Foundation to help fund a global grant project, an additional 5 percent is applied to help cover the cost of processing these funds. Clubs and districts can receive Paul Harris Fellow recognition points for the additional expense.

**How much World Fund money would you like to use on this project?**

The World Fund can match all of the DDF contributed to your project and half the amount of the cash contributions. We've calculated the maximum that's available to your project based on the funding sources you listed above.

**Funding summary**

The total funding must equal your project's total budget from step 8.

Step 10: Sustainability

Sustainable projects provide long-term solutions to community problems — solutions that community members themselves can support after grant funding ends. Your answers to the questions below will help us understand the components of your project that will make it sustainable.

VOCATIONAL TRAINING TEAMS

**Project implementation**

Describe the training needs that the team will address.

|  |
| --- |
| ………………………………… |

How did your team identify these needs?

|  |
| --- |
| ………………………………… |

Describe the specific objectives of the training, including what you expect training participants to gain from the team’s expertise.

|  |
| --- |
| ………………………………… |

How were members of the local community involved in planning the training?

|  |
| --- |
| ………………………………… |

Will you work in coordination with any related initiatives in the community?

 There can be value in working with other groups including governments, non-profit organizations, and private companies.

 Yes  No

**If “YES”,** Briefly describe the other initiatives and how they relate to this project.

|  |
| --- |
| ………………………………… |

**If “NO”,** Please explain. Are local initiatives not addressing these needs? Or, if they are, why did you decide not to work with them?

|  |
| --- |
| ………………………………… |

What incentives (for example, monetary compensation, awards, certification, or promotion) will you use, if any, to encourage community members to participate in the training?

|  |
| --- |
| ………………………………… |

How will training recipients be supported after the training to keep the skills they acquire up-to-date?

|  |
| --- |
| ………………………………… |

List any community members or community groups that will oversee further training after the project ends.

 These may or may not be Rotary members or clubs.

|  |
| --- |
| ………………………………… |

BUDGET

Will you purchase budget items from local vendors?

 Yes  No

Explain the process you used to select vendors.

|  |
| --- |
| ………………………………… |

Did you use competitive bidding to select vendors?

 Yes  No

Do any committee members have a potential conflict of interest related to a vendor?

 A conflict of interest is a relationship through which an individual involved in a program grant or award causes benefit for such individual or such individual's family, acquaintances, business interests, or an organization in which such individual is a trustee, director, or officer.

 Yes  No

Please provide an operations and maintenance plan for the equipment or materials you anticipate purchasing for this project. This plan should include who will operate and maintain the equipment and how they will be trained.

|  |
| --- |
| ………………………………… |

Describe how community members will maintain the equipment after grant-funded activities conclude. Will replacement parts be available?

|  |
| --- |
| ………………………………… |

If the grant will be used to purchase any equipment, will the equipment be culturally appropriate and conform to the community’s technology standards?

 Yes  No

Please explain.

|  |
| --- |
| ………………………………… |

After the project is completed, who will own the items purchased by grant funds? No items may be owned by a Rotary district, club, or member.

|  |
| --- |
| ………………………………… |

FUNDING

Does your project involve microcredit activities?

 Yes  No

Have you found a local funding source to sustain project outcomes for the long term?

 Yes  No

**If “YES“,** please describe this funding source.

|  |
| --- |
| ………………………………… |

Will any part of the project generate income for ongoing project funding? If yes, please explain.

|  |
| --- |
| ………………………………… |

Step 11: Review and Lock

There are a few more steps that need to be completed before your application is submitted to the Rotary Foundation for review.

**Review**

Double-check each answer on the application to make sure all of the information is accurate. Download a printable PDF that shows all of your answers together.

**Lock application**

After you review the grant application, lock it. This will change its status from "Draft" to "Authorizations Required" and make it read-only - you won't be able to make changes.

**Authorizations and legal agreements**

You and other authorizers of the grant will review and authorize the application in step 12.

**Submission and Foundation review**

Once all authorizations are given, the grant application is submitted to the Foundation for review.

**Bank account information**

If your application is approved by the Foundation, the primary contact will submit information about the bank account you'll use to receive grant funds.

**REVIEW & LOCK APPLICATION**

View application as a printable PDF

Lock Application

Step 12: Authorization