

Rec'd _____
Approved _____
Notified _____
Completed _____

**APPLICATION FOR
2008 ROTARY DISTRICT 6950
BLUECROSS BLUESHIELD OF FLORIDA
HEALTH ENWELLMENT GRANT**

Sponsoring Club: _____

Please complete all sections of the application. **Be sure the application is signed on page 3.** If more space is required, please attach additional pages, properly indicating to which section the addition refers. Incomplete applications will be returned. Applications must be submitted by **February 29, 2008.** No application will be considered until after the February 29th deadline.

Project will begin on or about _____ and is anticipated to be completed by _____

Note: Projects may not be started until this application is approved by the District BCBS Grant Committee

PROJECT DESCRIPTION:

How will the project enrich the health of those in our communities, increase well care awareness and improve health care?

How will the project have measurable goals/results.

How will Rotarians actively participate in the implementation of the project?

COOPERATING ORGANIZATIONS:

If another organization is directly involved in the implementation of the project by providing technical expertise and/or staff, please provide:

1. a letter from the sponsoring club indicating the organization is reputable and registered to work within the community
2. a letter from the organization indicating how they will work with Rotarians in the implementation of the project and agree to cooperate in any financial review of activities associated with the project.

PROJECT FUNDING:

If approved, the BCBS Grant committee will contribute one dollar (\$1.00) for each dollar contributed by the sponsoring club(s). The maximum grant will be \$2,000 for a single club, \$5,000 for two or three clubs and \$8,000 for four or more clubs. Any number of clubs may participate as long as the dollar guidelines are not exceeded. Each club may only participate in one BCBS grant whether it be by themselves or jointly with other club(s).

ITEMS TO BE PURCHASED	COST
	\$
	\$
	\$
	\$
TOTAL COST	\$

PROPOSED FINANCING:

SPONSORING ROTARY CLUB OF	\$
Partnering Rotary Club of	\$
Partnering Rotary Club of	\$
Partnering Rotary Club of	\$
Partnering Rotary Club of	\$
Sub Total from all Rotary Clubs	\$
Amount Requested from BCBS Grant Funds	\$
TOTAL PROPOSED FINANCING	\$

COORDINATING THE PROJECT:

Name the club which assumes total responsibility for the project.

Club: _____ Club Rotary ID# _____
President: _____ Phone _____

Project Committee: Three Rotarians must be listed from the Sponsoring Club who will provide oversight and management of the project funds for the entire duration of the project, even though it may continue into the 2008-2009 Rotary year. It is the committee's responsibility to coordinate the project locally, monitor funds, and provide financial accounting to the BCBS grant committee in accordance with the terms and conditions of this agreement.

PRIMARY CONTACT — please print clearly

Name:

Rotary Position/Title:

Mailing Address:

Phone—Indicate Bus/Home/Cell:

Fax:

Email:

ADDITIONAL CONTACT/COMMITTEE MEMBER — please print clearly

Name:

Rotary Position/Title:

Mailing Address:

Phone—Indicate Bus/Home/Cell:

Fax:

Email:

ADDITIONAL CONTACT/COMMITTEE MEMBER — please print clearly

Name:

Rotary Position/Title:

Mailing Address:

Phone—Indicate Bus/Home/Cell:

Fax:

Email:

PUBLICITY:

How will the general public know that this is a Rotary-sponsored project? Please provide details, e.g., publicity in a newspaper or display of the Rotary wheel.

FINAL REPORTS:

The sponsoring club is required to complete and submit a final report to the district BCBS grant committee. Please indicate below the individual who will take primary responsibility for submitting these reports.

Name: _____ Signature: _____

Name of Club: _____