

**The Rotary Foundation of Rotary International - Donor Advised Fund
Haiti Earthquake Relief Fund
Project Request and Acceptance Form**

Date of Request _____

District Number/Club Name: _____

Project Coordinator/Contact Person: _____

Address: _____

City, State, Zip: _____

Phone Numbers: Home: _____ Work: _____

Cell: _____ Fax: _____

E-mail Address: _____

Recipient 501(c)(3) Entity To Receive Funds: _____

Tax Identification Number: _____

Project Title: _____

Project Scope: _____

Number of Individuals served: _____ Amount of request: \$ _____

Date needed: _____ Disbursement description: _____

Local Approval for Project – printed name: _____

District Governor/Club President or designee: _____

Signature

*******Complete and return this form to: barryjras@yahoo.com*******



Below to be completed by the Haiti Earthquake Relief Fund – TRF DAF

Amount approved:\$ _____ Date: _____ By: _____

Project number: _____

Modifications to the above request: _____

Description of approved distribution method: _____

Disbursements: _____

Stewardship Report due date: _____ Photos: _____