

DISTRICT 5440  
**District GRANT APPLICATION**  
(modified May 21, 2014)

***Our Mission:***

*... to enable Rotarians to advance world understanding, goodwill, and peace through the improvement of health, the support of education, and the alleviation of poverty.*

(Endorsed by the Council on Legislation, April 2007)

1. ROTARY CLUB of Greeley Redeye Rotary

2. Briefly describe the project, its location, and its objectives.

The project is to build a wheel chair mounting ramp at HorseBuds Therapeutic Riding Center in Greeley, Colorado – a PATH (Professional Association of Therapeutic Horsemanship) International Center Member. The objective is to better serve Greeley's disabled children and adults with physical and cognitive disabilities and emotional and behavioral challenges who will benefit from being able to use the ramp to mount a horse.

Mid-July or as soon as grant is approved  
*Start Date (Cannot commence before grant is approved!)*

August 15, 2015  
*Estimated Completion Date*

3. Describe how the project will benefit the community and/or improve the lives of the less fortunate. Also indicate the number of people that will benefit by this project.

**Participants with limited mobility and coordination will be able to easily mount a horse and still use their walkers and wheel chairs to approach the horse for mounting. Hippo therapy services provided at the center allows an OT to bill Medicaid directly and the ramp will make it easier to serve people who have more severe disabilities. In one year one person taking regular classes could use the ramp approximately 45 times. As our programs grow through the use of the ramp we could serve over 100 participants in the first year alone which would mean 4500 mounts in one year. In each of the last two years, we have turned away 60 potential participants because of the inability for them to be able to mount a horse. Horse therapy has been shown to greatly improve the lives of autistic children as well as people with physical disabilities.**

4. Describe the nonfinancial participation by sponsoring Club Rotarians in the project (i.e., How many Rotarians will be involved and what will they do?).

**The members of Greeley Redeye Rotary will physically build the ramp. We may use Rotarians from the other Greeley Clubs if necessary for the manpower needed. This has been discussed with other Rotarians and there is an interest in helping if needed.**

Are other Rotarians, either local or international, going to be involved in the project?

How?

**As stated above, Rotarians from other local clubs may be used for the physical building of the ramp.**

5. How will the general public know this is a Rotary-sponsored project? Please provide details of the publicity plan.

**The editor of the local newspaper, The Greeley Tribune, is a member of our club and will definitely have an article concerning this project published in that newspaper which serves greater Greeley and the surrounding areas. There will be a plaque placed on the ramp stating it was built and donated by Rotary. The promotional materials for HorseBuds Therapeutic Riding Center will list Greeley Redeye Rotary as a contributor.**

6. Project Contact – Who in the club is the primary contact who will monitor progress, provide additional information if needed and submit the final report?

Norma Carter Co-chair Community Service nrcarter@comcast.net  
*Primary Contact Name Rotary Title/Position E-mail*  
1001 43<sup>rd</sup> Avenue, Unit 3, Greeley, CO 80634 970-330-8105

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Address	City	State	Zip	Phone
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7.

8. **International Projects only** – Identify the partner organization that you will work with in the host country and what experience you have working with them. Also indicate how this partner will help assure that the project is completed as proposed, funds spent appropriately, recognition of Rotary visible, and reports completed in a timely manner, including receipts and bank records?

9. Provide project manager name and contact information if different from 6 above.

Contact Name	Rotary Title/Position	E-mail
Address	City/State/Zip	or Country
		Phone

10. Cooperating Organization – If the project involves a cooperating organization, please provide the name of the organization below and attach a letter of participation from that organization that specifically states its responsibilities and how the organization will interact with Club Rotarians for the project. **By signing this application, the Rotarian sponsors endorse the organization as reputable, responsible, registered with the project community, and ensure grant activities, including the conversion of funds, are in accordance with local law.**

Name(s) of Cooperating Organization(s)

11. Budget – Provide an estimate of the total cost of the project. Information regarding the items to be purchased should be included, if known. **Retain copies of any preliminary invoices for your records.** Add lines if needed. Please note that district grants will not fund: travel expenses, scholarship programs, construction of new buildings, or fundraising activities not directly related to a humanitarian activity.

Item	Cost
We have a bid from Home Depot (we also obtained one from Lowe's that was higher) for Trex Materials, joist hangers, stair-stringer, delivery charges. This bid was dated 3/19/15. We know we will need an updated bid when the grant is approved and also there will be additional hardware needed that is not included in this bid (bolts, screws, etc.) This bid was from plans drawn by Robb Casseday an architect that is a member of our club. Robb donated his time and talent in preparing this detailed plan for the ramp. All labor will be donated to build the ramp.	
3/19/15 bid from Home Depot	\$2,918.37
Estimate of additional miscellaneous items	500.00
<b>TOTAL COST OF PROJECT</b>	<b>\$3,418.37</b>

12. Financing – Provide the sources and amount of financing for this project. The total financing must meet the total cost of project. Add lines if needed.

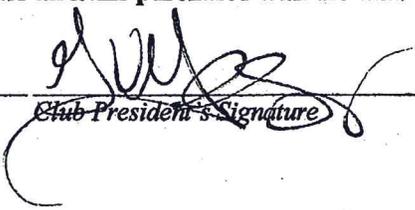
Amount requested from District: \$1,700 (Maximum \$4,000)

Source of Funds	Amount
Club	\$1,718.37
District	1,700.00
Other:	
<b>TOTAL AMOUNT OF FINANCING</b>	<b>\$3,418.37</b>

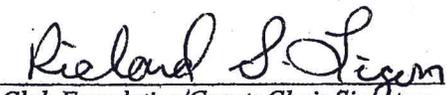
12. Signatures

As President of the Rotary Club of Greeley Redeve Rotary, I hereby affirm that the club's board has voted to undertake this project as an activity of the club. The club is qualified under district requirements. In consideration of receipt of these grant monies, we agree to abide by the *Club Memorandum of Understanding* and to submit a final report within 30 days of completion of the project. If the Primary Contact for this project is unavailable or unable to submit the required reports, I understand that I must complete and submit them within the required timelines. Failure to file complete and timely reports will necessitate the repayment of all grant funds received. I also affirm that all information in this grant application is true and accurate, to the best of my knowledge.

By signing this application, we acknowledge that we understand that copies of all receipts (or an invoice and a copy of the check used to pay the invoice) are required for all items purchased with the funds provided for this grant.

Ginger Geissinger  
 Club President's Name (please print)   
 Club President's Signature 6/23/15  
 Date

Norma Carter  
 Primary Contact for Grant (please print) \_\_\_\_\_  
 Primary Contact for Grant Signature \_\_\_\_\_  
 Date \_\_\_\_\_

Richard S. Ligon  
 Club Foundation/Grants Chair (please print)   
 Club Foundation/Grants Chair Signature 6/23/15  
 Date

Verlyn (Lyn) Velle  
 District Grant Committee Member (please print)   
 District Grant Committee Member Signature 7/20/15  
 Date

Send completed application to:  
 E-Mail: \_\_\_\_\_

For District Use Only

Review and Approval Signatures			
_____	_____	_____	_____
District Grants Committee Chair	Date	District Foundation Committee Chair	Date
_____	_____		
District 5440 Governor Signature	Date		
District Grant Number: _____		Application Number: _____	
Notes:			

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As President of the Rotary Club of Greeley Redeve Rotary, I hereby affirm that the club's board has voted to undertake this project as an activity of the club. The club is qualified under district requirements. In consideration of receipt of these grant monies, we agree to abide by the *Club Memorandum of Understanding* and to submit a final report within 30 days of completion of the project. If the Primary Contact for this project is unavailable or unable to submit the required reports, I understand that I must complete and submit them within the required timelines. Failure to file complete and timely reports will necessitate the repayment of all grant funds received. I also affirm that all information in this grant application is true and accurate, to the best of my knowledge.

**By signing this application, we acknowledge that we understand that copies of all receipts (or an invoice and a copy of the check used to pay the invoice) are required for all items purchased with the funds provided for this grant.**

Ginger Geissing \_\_\_\_\_ [Signature] \_\_\_\_\_ 6/23/15  
*Club President's Name (please print)* *Club President's Signature* *Date*

Norma Carter \_\_\_\_\_ [Signature] \_\_\_\_\_ 6/23/15  
*Primary Contact for Grant (please print)* *Primary Contact for Grant Signature* *Date*

\_\_\_\_\_  
*Club Foundation/Grants Chair (please print)* *Club Foundation/Grants Chair Signature* *Date*

\_\_\_\_\_  
*District Grant Committee Member (please print)* *District Grant Committee Member Signature* *Date*

**Send completed application to:**  
 E-Mail: [district5440grants@gmail.com](mailto:district5440grants@gmail.com)

For District Use Only

**Review and Approval Signatures**

_____ District Grants Committee Chair	_____ Date	_____ District Foundation Committee Chair	_____ Date
_____ District 5440 Governor Signature	_____ Date		

District Grant Number: \_\_\_\_\_ Application Number: \_\_\_\_\_

Notes:

*6/23/15*