

District Grant Application

Rotary Club of:	Laguna Beach	Date:	6/14/22
Project Name/Title:	Friendship Shelter Transition Care Packages & Support		
Project Leader Name:	Patricia L. Stoop	Phone #:	949-939-4167
Project Leader Email:	patistoop@me.com		

1. Please provide a brief description of the project, and indicate the project beneficiaries (who is being served?):

Purchase and distribute Care Packages of cleaning supplies and equipment to homeless persons moving from Friendship Shelter to transition apartments. Friendship shelter distributes supplies, equipment and certificates to individuals moving from shelter to transitional apartments managed by Friendship Shelter.

Appreciation event for Friendship management and employees for their hard work and service. A celebration dinner will be prepared by club members to honor their service along with encouragement gifts and decor.

2. Indicate the project start and end dates: *(The project may not begin prior to the district receiving approval from TRF. Reimbursements for earlier expenses are not eligible. Projects must have an end date no later than the end of the Rotary year.)*

Project start date:	3/01/2022
Project end date:	6/30/2023

3. Project location (select one): ☒ Community ☐ Mexico

(If the project is in Mexico, will there be a Rotary club from Mexico involved in the project? If so, indicate the name of the Rotary club and explain the members' involvement.)

N/A

4. List the project funding amounts *(Club contribution must be equal to or greater than the amount requested from the district):*

Club contribution:	\$	1,524
District DDF (amount requested from district):	\$	1,524
Other participating clubs - list club name(s) and contribution amount(s) below:		
	\$	
	\$	
Grant Project - Total	\$	3,048



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5. **Indicate whether there is other involvement and financial support** *(If non-Rotary organizations will be involved in your club project, please describe the involvement and any financial support you are receiving for the project – for example, in-kind contributions, discounts, cash donations):*

6. **Describe the participation of club members** *(Your club members must be actively involved in this project. Please indicate how many members of your club will participate in this project and describe their activities):*

Members (5) will research and purchase various items. Members (5-7) will deliver care packages to transitional housing. Members (8) to purchase and serve meal to counselors and Friendship Shelter personnel. Members (3-4) will provide encouragement gifts and festive decor.

7. **Describe how funds will be safeguarded and tracked** *(If funds are to be distributed to a partner in Mexico who will be responsible for the funds? How will transfers of funds to Mexico be handled?):*

Funds will be used to purchase cleaning supplies, equipment and store cards. Funds will be used to purchase food for dinner, decor and encouragement gifts. Members will submit receipts with Club's standard check request form. All funds to be managed by the Club Treasurer.

8. **Describe how your club will use the project funds (list the types of expenses / items to be purchased):**

Approximately 15 care packages will be created. Items to be included are cleaning solutions for glass, countertops, floors and general cleaning; such as sponges and cleaning cloths; mops, brooms, brushes and dustpans, buckets and laundry baskets. Other items may be included after consulting with the Friendship Shelter as to specific needs. Each care package will also contain a grocery store gift card. Finally, several stand-up vacuum cleaners will be purchased. These will be given out on an as-needed basis to those persons moving into carpeted housing.

A celebration dinner will be prepared by club members to honor their service along with encourage gifts and decor.