

DISTRICT 6600 GRANT PROGRAM
MEMORANDIUM OF UNDERSTANDING

Program Name: _____

Lead Rotary Club: _____

Contact Person: _____ Phone: _____

Email Address: _____

Brief Program Description:

Your Club's Program Participation:

Funds (\$) Participation of Members (#) Write Grant

Close Out Grant Fiscal Responsibility Other (please note)

Club President Signature

ADDITIONAL PARTICIPATING ORGANIZATIONS

Name: _____

Contact Person: _____ Phone: _____

Email Address: _____

Your Club's Program Participation:

Funds (\$) Participation of Members (#) Write Grant

Close Out Grant Fiscal Responsibility Other (please note)

Club President Signature

ADDITIONAL PARTICIPATING ORGANIZATIONS

Name: _____

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Email Address: _____

Your Club's Program Participation:

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Club President Signature

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