

Check Request Form
Rotary Club of Orange, Inc.



*** Payable to: Hero for Kids Foundation

Address: 343 E. Grove

City, State, Zip Orange, CA 92865

Special Instructions: _____

Date Check Required _____

Requested by: Maira Singer

*gave to
Maira
Singer*

Checks will not be processed without proper documentation/receipts attached

*** Authorized by: GA Morrin D
(Signed by Club President, Appropriate Director or official designee)

*** Budgeted? Yes ☒ No _____ If not, approved by: _____
(Signed by Club President or Treasurer)

*** Account #	*** Account Name	*** Amount
<u>63028</u>	<u>Grant 2019-20</u> <u>skyview School</u>	<u>300⁰⁰</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		<u>300⁰⁰</u>

*** Required Information

Received / Processed by: Date 12/19/19 Processed KSR Check # 2610 ✓

****PLEASE NOTE: NO CHECK REQUEST FORM WILL BE PROCESSED WITHOUT PRIOR APPROVAL FROM DIRECTOR****



Orange Rotary Community Trust

Requisition Form

Date Requested: NOV. 29, 2018

****Donation Requested For:** HERO For Kids Foundation

Address: 343 E Grove

City, State, Zip: Orange, CA 92865

Telephone, Contact Person: 949/533-1417 Diane Estill/Teacher

**** Amount Requested:** \$1500.00

Requested by: Moira Singer / Steve Ambuehl

Committee: _____

****Director Approval:** _____
(Signed by Appropriate Director)

****Club President Approval:** _____

Please attach documentation with the reason for the donation request.

In order to honor fiscal year requests, the final date to submit donation requests is

MAY 30th.

**** Required Information**

Received by: VOP Date: 11/19/19 Approval Date: _____ Check Sent: _____ Check# 701

VOID
11/29/18

****PLEASE NOTE: NO REQUISITION FORM WILL BE PROCESSED WITHOUT PRIOR APPROVAL FROM THE DIRECTOR AND THE CLUB PRESIDENT****

Rotary Trust Grant Application Form

Date of application: Nov. 29, 2018

Application submitted to: _____

ORGANIZATION INFORMATION

Name of organization:

Legal name, if different: HERO For Kids Foundation

Address: 343 E Grove

City, State, Zip: Orange, CA, 92865

Employer Identification Number (EIN):

Phone: 714.796.8729

Fax:

Phone:

Email:

Contact person regarding this application:

Title: (Teacher) Diane Estill

Phone: 949.533.1417

Email: DEstill@OCDE.US

Is your organization an IRS 501(c)(3) not-for-profit? ✓ Yes _____ No

ORGANIZATION INFORMATION

- A. Brief summary of organization history, including the date your organization was established. The Orange Rotary Club has taken the students of Skyview School, formerly Hope School, Christmas shopping yearly since 1989.
- B. Brief summary of organization mission and goals. Pair up Rotarians and Rotact members with Skyview students to help them select and purchase gifts for their family members
- C. Brief description of organization's current programs or activities, including any service statistics and strengths or accomplishments. Please highlight new or different activities, if any, for your organization.
- D. Number of board members, full-time paid staff, part-time paid staff, and volunteers. 5 board members, 5 teachers
- E. Funds are being requested for (check one):
- ☒ General operating support
 - ☒ Project/Program support
 - ☐ Start-up costs
 - ☐ Technical assistance
 - ☐ Capital
 - ☐ Other (list) _____

Application for Funding

Name

Organization's Name: HERO For Kids Foundation

Address: 343 E Grove Avenue, Orange CA 92865

Telephone Number: 714/796-8729

Fax Number:

Email Address: DEstill@OCDE.org

Website Address: createinspiringyouth.org

Please enter a brief description of the work for which your organization currently requires funding: Annual Christmas shopping trip for students to purchase gifts for their family members

Overall project cost: \$1500.00

Amount of funding requested: \$1500.00

Please state the steps so far taken to raise the monies required:

If your charity is not based in the City of Orange, California, please explain how the grant would benefit people from this city/area:

Project dates (if applicable):

PROPOSAL INFORMATION

Please give a 2-3 sentence summary of request:

Money will be distributed to Rotarians and Rotaract members to assist Skyview students in shopping for gifts for their family members.

ACTIVITIES

- a. Overall goal(s) regarding the situation described above.
- b. Objectives or ways in which you will meet the goal(s).
- c. Specific activities for which you are seeking funding.
- d. Who will carry out those activities.
- e. Time frame in which this will take place.
- f. How the proposed activities will benefit the community in which they will occur, being as clear as you can about the impact you expect to have.
- g. Long-term strategies (if applicable) for sustaining this effort.

BUDGET

Dollar amount requested:

\$ *1,500.00*

Total annual organization budget:

\$

Total project budget (for support other than general operating):

\$

AUTHORIZATION

Name and title of top paid staff or board chair:

Signature _____

Need 1 check for Skyview
Christmas shopping balance

\$ 300.00 (payable to
Hope...)

mona

HERO FOR Kids

12/12/19

(increase in ~~budget~~ shopping
budget)

also - need 1 check to
Drane Estill to cover
her credit card print
for one new student (Kong)
for \$48.59

BATCH REPORT

AUDIT:

37732-7736-000

DENOM	UNIT		VALUE
\$5	60	\$	300.00
TOTAL	60	\$	300.00

BATCH REPORT

AUDIT:

37733-7737-000

DENOM	UNIT		VALUE
\$20	75	\$	1500.00
TOTAL	75	\$	1500.00

Wells Fargo Bank
Transaction Receipt

Branch #0000973 21

eWithdrawal

Cash eWithdrawal Amount(s)

CHK XXXXXX1486 \$1,800.00

Cash eWithdrawal Total \$1,800.00

Fee Total \$0.00

Loose Currency

\$20 \$1,500.00

\$5 \$300.00

Sub total \$1,800.00

Cash Paid to Customer
\$1,800.00

Transaction # 128 0179

10:21AM 12/02/19

Thank you for your business.

Enjoy the convenience of

scheduling appointments online at

wellsfargo.com/appointments

Thank you, MEGAN