



DISTRICT 5320

ORANGE AND SOUTHERN LOS ANGELES COUNTY

DISTRICT SIMPLIFIED GRANT
REPORT

To be completed by Rotarians. Return this form to Pete and Helen Maxwell, 1305 Bounty Way, Laguna Beach, CA 92651

Rotary Club: San Clemente, SunriseProject Title: 7th Inning Stretch
☐ Progress Report ☒ Final Report

Project Description

1. Briefly describe the project. What was done, when and where did project activities take place, and who were the beneficiaries?

Provide food, school supplies, and a Christmas celebration for Rancho sordo Mudo, the only free home and school for deaf children in Mexico.

Food was delivered in late August, 2012 to help them get the school year started.

15th Annual "Christmas in January" celebration as well as food and supplies delivery in January, 2013.

2. How many Rotarians participated in the project? 10

3. What did they do? Please give at least two examples.

Weekly tutoring/mentoring of at risk middle school children.

Provided snacks for weekly meetings.

Purchased pizza for semester and year end celebrations

Purchased movie gift cards for participating children at year end.

Awarded cash to most improved students.

4. How many non-Rotarians benefited from this project? 30

5. What are the expected long-term community impacts of the project?

At risk children's lives are improved. Some have turned their scholastic lives around and graduated college. Parents state that they feel challenged to increase their support for their children. Teachers report grade improvement for the children who participate in the tutoring/mentoring program.

6. If a cooperating organization was involved, what was its role?

Shorecliffs Middle School provided a location for the meetings and a supervising teacher.

Financial Report - Be sure that Income equals Expenditures!

7. Income

	Amount
1. District Simplified Grant funds approved by the District	\$400.00
2. Club contribution	20.90
3. Other funding (specify)	
Total Project Income	\$420.90

8. Expenditures - please be specific and add lines as needed - receipts must be attached

1. Snacks for meetings (2 receipts \$21.45 and \$19.45)	\$40.90
2. Movie tickets for participating children (year end)	\$320.00
3. Pizza for party	\$60.00
4.	
Total Project Expenditures	\$420.90

9. By signing this report, I confirm that to the best of my knowledge these District Simplified Grant funds were spent only for eligible items in accordance with Trustee-approved guidelines, and that all of the information contained herein is true and accurate. Receipts for all grant-funded expenditures have been provided to the district. I also understand that all photographs submitted in connection with this report will become the property of RI and will not be returned. I warrant that I own all rights in the photographs, including copyright, and hereby grant RI and TRF a royalty free irrevocable license to use the photographs now or at any time in the future, throughout the world in any manner it so chooses and in any medium now known or later developed. This includes the right to modify the photograph(s) as necessary in RI's sole discretion. This also includes, without limitation, use on or in the web sites, magazines, brochures, pamphlets, exhibitions and any other promotional materials of RI and TRF.

Certifying Signature

Date: 7-4-2013

Print name, Rotary title, and club

David Brauchler, San Clemente Sunrise, Treasurer

San Clemente Sunrise Rc

REQUESTER FILLS IN THIS SECTION

Date of request: 10-30-12
Person requesting: Lynn Lester
Make check payable to: 11
Amount of check \$: \$119.45
Purpose: 7th living sketch

Budgeted Item ☒ Yes ☐ No Budget Category _____

Approved by: _____
Print Board Member Name Signature Board Member

Print Officer Name Signature Officer

Signature of requester: [Signature] Print Name: Lynn Lester
Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the President or Other Officer is required before Treasurer will issue check.

Approval Date: 10-30-12

FOR TREASURER'S USE ONLY ☐ General ☒ Fundraiser

Date issued Check number: 1178

Charged to what budget item:

Comments:

Treasurer's signature: [Signature]

San Clemente Sunrise Rotary

7th Jan 2013
str ①

REQUESTER FILLS IN THIS SECTION

Date of request:

2-12-13

Person requesting:

Lynn Lester

Make check payable to:

" "

Amount of check \$:

\$21.45

Purpose:

7th INNING STREET

Budgeted Item

☒ Yes

☐ No

Budget Category

Approved by:

Print Board Member Name

Signature Board Member

Print Officer Name

Signature Officer

Signature of requester:

Print Name:

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the President or Other Officer is required before Treasurer will issue check.

Approval Date:

FOR TREASURER'S USE ONLY

☐ General ☐ Fundraiser

Date issued Check number:

Charged to what budget item:

Comments:

Treasurer's signature:



804 AVENIDA PICO
SAN CLEMENTE, CA 92672
Phone # (949) 492-1755
Store Director - Doreen Gallaher

Cashier: Kevin S

10/23/12

11:42:05

PREFERRED CUSTOMER: XXX2432

GROCERY

FL SNACK PACK	PC 2840000289	6.99 F
=> 5.99 AFTER PREFERRED SAVINGS		-1.00 F
FL SNACK PACK	PC 2840000289	6.99 F
=> 5.99 AFTER PREFERRED SAVINGS		-1.00 F
CAPRI SUN COOLER	8768400097	2.49 F
CAPRI SUN ORANGE	8768400105	2.49 F
CAPRI SUN GRAPE	8768400103	2.49 F
SUBTOTAL		19.45
TOTAL TAX		.00

Debit TENDER 19.45

Acct:XXXXXXXXXX7377

APPRVL CODE 910272

Cas Ref# 16964

Cash CHANGE .00

NUMBER OF ITEMS 5

***** SAVINGS SUMMARY *****
PREFERRED NGC 2 2.00

TODAY'S TOTAL SAVINGS 2.00
THAT IS A SAVINGS OF 9%

Trx:48 Oper 136 Term: 4 Store: 6509
10/23/12 11:43:31

Thank You For Shopping At
ALBERTSONS

Pharmacy Phone # (949) 492-9448

www.albertsons.com

Customer Questions
or Party Tray Orders
1-877-932-7948

Enter to be a weekly winner
of a \$100 gift card!!
Go to: www.albertsonslists.com
Enter Code: 10236 50950 040048
Take the survey within 3 days



804 AVENIDA PICO
SAN CLEMENTE, CA 92672
Phone # (949) 492-1755
Store Director - Doreen Gallaher

Cashier: Kevin S

02/05/13

09:44:28

GROCERY

*VARIETY PK CHIPS	2840005640	6.99 F
BONUS BUY SAVINGS		2.00
*CHIPS VARIETY PAK	2840008718	6.99 F
BONUS BUY SAVINGS		2.00
CAPRI SUN GRAPE	8768400103	2.49 F
CAPRI SUN COOLER	8768400097	2.49 F
CAPRI SUN COOLER	8768400094	2.49 F
SUBTOTAL		21.45
TOTAL TAX		.00

TOTAL 21.45
Visa TENDER 21.45

Acct:XXXXXXXXXX6428

APPRVL CODE 460713

Cas Ref# 21334

Cash CHANGE .00

NUMBER OF ITEMS 5

***** SAVINGS SUMMARY *****
BONUS BUY SAVINGS 2 4.00

TODAY'S TOTAL SAVINGS 4.00
THAT IS A SAVINGS OF 16%

Trx:50 Oper 108 Term: 3 Store: 6509
02/05/13 09:44:57

Thank You For Shopping At
ALBERTSONS

Pharmacy Phone # (949) 492-9448

www.albertsons.com

Customer Questions
or Party Tray Orders
1-877-932-7948

San Clemente Sunrise Rotary

7th row str ②
2 FOR 1 PIZZA CO.
401 S. EL CAMINO REAL N 8
SAN CLEMENTE, CA 92672
(949) 361-2130

REQUESTER FILLS IN THIS SECTION

Date of request: 12-18-12
Person requesting: Jim Rutter
Make check payable to: Jim Rutter
Amount of check \$: \$60.00
Purpose: PIZZA FOR 7th Inning Stretch

Budgeted Item ☒ Yes ☐ No Budget Category Comm

Approved by: _____
Print Board Member Name Signature Board Men

Print Officer Name Signature Officer

Signature of requester: James R. Rutter Print Name: JAMES R. RUTTER
Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Approval must be obtained on all purchases. Failure to obtain approval may result in purchaser having to incur the expenses. Signature of the President or Other Officer is required before Treasurer will issue check.

Approval Date: _____

FOR TREASURER'S USE ONLY ☐ General ☐ Fundraiser

Date issued Check number: _____

Charged to what budget item: _____

Comments: _____

Treasurer's signature: _____

Sale

Merchant ID: 542929805000252

Term ID: LX181850

December 17, 2012 11:43 AM
Batch#: 000001 Inv #: 028001

MASTERCARD Entry Method: S

XXXXXXXXXXXX0559

Seq. #: 0001 Appr Code: 55146P

Amount: \$ 60.00

TIP: Inc

Total: _____

APPROVED

Customer Copy

THANKS FOR YOUR BUSINESS

TRANSACTION ENCRYPTED BY
WORLDUPAY

REFERENCE ID: 1212376010001

