

## District Grant Application

<b>Rotary Club of:</b> Fullerton	<b>Date:</b> 5/8/25
<b>Project Name/Title:</b> Pathways of Hope - Community Care Kits	
<b>Project Leader Name:</b> Dan Ouweleen	<b>Phone #:</b> 657-500-8761
<b>Project Leader Email:</b> danrotary5320@gmail.com	

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

In alignment with Rotary's Area of Focus #6: Community Economic Development, this project addresses the immediate basic needs of individuals and families experiencing homelessness or housing instability in North Orange County. Approximately 400 hygiene kits will be assembled and distributed, each containing essential personal care items such as soap, deodorant, shampoo, toothpaste, feminine hygiene supplies, and grooming tools. The kits are designed to support the health, dignity, and agency of those without consistent access to hygiene resources. Distribution will take place through the HUB of Hope, Pathways of Hope's service access point in Fullerton, which houses our Community Based Services including our client-choice food pantry. Fullerton Rotary members will participate by assembling the kits and distributing them.

**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:	1/7/26
Project end date:	1/8/26

**3. Project location (select one):**      X   **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.)*

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

Club contribution:	\$	4000.00
District DDF (amount requested from district):	\$	4000.00
Other participating clubs - list club name(s) and contribution amount(s) below:		
	\$	
	\$	
<b>Grant Project - Total</b>	<b>\$</b>	<b>8000.00</b>

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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):*

N/A

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):*

Pathways of Hope looks forward to welcoming approximately 10–12 Fullerton Rotary members to participate in this two-day project. On the first day, 6–8 members will assist with assembling hygiene kits, preparing roughly 400 complete sets of essential personal care items at a centralized location. On the second day, 4–6 members will join Pathways staff and volunteers at the HUB of Hope food pantry to distribute the kits directly to community members during regular pantry hours. Rotary members will support guest engagement, kit distribution, and general operations to help ensure a smooth, respectful, and welcoming experience for all clients. These hands-on activities will offer a meaningful, client-facing volunteer opportunity that aligns with Rotary's continued commitment to supporting the wellbeing of its community.

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?):*

Pathways of Hope will follow its established internal grant compliance procedures to ensure all funds are safeguarded and properly tracked. Project expenses will be paid upfront by Pathways and documented with itemized receipts and proof of payment. All expenditures will be recorded using MIP, our nonprofit accounting system, which assigns program-specific allocation codes to each transaction for clear audit trails. Oversight is provided by our Director of Grants and Compliance in partnership with our Director of Finance. Monthly reconciliations are reviewed by the Board Chair, and Pathways undergoes an annual independent financial

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

This project will distribute comprehensive hygiene kits to low-income and homeless individuals and families, with items grouped across five key care categories. Personal hygiene products include bar soap, deodorant, shampoo, conditioner, body wipes, hand sanitizer, and disposable bath sponges. Feminine hygiene supplies include tampons and biodegradable wipes. Hair care essentials include combs and hair ties. Oral care items include toothbrushes and travel-size toothpaste, while general hygiene tools like Q-tips, cosmetic bags, and moisturizing lotion round out each kit. The majority of items are travel-sized, individually wrapped where possible, and designed for easy distribution and portability. This kit model ensures consistent, equitable access to hygiene support for up to 200 people. Please see attached project budget for more details.

Fullerton Rotary will review receipts in accordance with what it approved and then pay the organization following